War Trauma, Evil Spirits, or the Devil's Work?

Subjective experience of war-related psychological symptoms and the quest for healing in the Acholi subregion of northern Uganda

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Tiivistelmä – Referat – Abstract

This thesis looks at the post-war reintegration of and war trauma in the former Lord's Resistance Army (LRA) rebel force abductees in the Acholi subregion of northern Uganda. The work's focus is on how the former LRA abductees make meaning of their subjective experience of trauma according to the Acholi world view and how these experiences guide their search for healing. These questions are examined in the context of three healing practices from which the formerly abducted research participants have sought help for their war-related psychological symptoms: public healthcare and non-governmental psychosocial trauma counselling, local ajwaka spirit mediums, and Pentecostal and Charismatic Christian churches.

The research for this thesis is based on three-month-long ethnographic fieldwork consisting of participant observation, semi-structured interviews, group discussions, and other informal interactions in the Acholi districts of Gulu and Nwoya between October and December 2017. The core research participants are 20 formerly abducted LRA combatants (ten males and ten females aged between 24–55 years) who have returned back to civilian life before the northern Uganda conflict ended in 2006. Furthermore, medical professionals, trauma counsellors, ajwaka spirit mediums, Charismatic Christian pastor, and relatives of the core research participants were interviewed for this study.

This thesis is built around medical anthropological theories of trauma and anthropological theories of subjectivity, where the former LRA abductees' symptoms are approached through a three-dimensional theoretical framework of inner subjectivity, structural subjugation, and intersubjective relations. This thesis proposes that the war-related symptoms find their meaning through inner and bodily experiences, personal convictions, and subjective world views of their sufferers, which steer the former LRA abductees towards their preferred healing practices. However, these experiences are shaped by external constraints related to economic and sociopolitical subjugation under state rule, hierarchical social structure as well as intimate intersubjective power relations and cultural norms that can either enable or challenge the former abductees' access to healing.

The findings of this thesis suggest that even though the three healing practices approach war-related symptoms from ontologically different angles, they all offer meaningful tools to repair broken social relationships and retether the former abductees back to their social worlds in ways that can reduce trauma symptoms and foster healing. However, for various reasons the administered treatments sometimes fail, which forces symptom-sufferers to move beyond their preferred healing practices to find relief from their war-related symptoms. This thesis argues that the search for healing is full of uncertainty about the cosmological origin of symptoms, social tensions, and opaque motives of helpers. Thus, the healing process is dependent on intersubjective entanglements with kin, treatment providers, illness agents, and healing powers alike, which suggests that different forms of relationality lie at the centre of healing from war trauma.

In conclusion, this thesis proposes that the gap between the former LRA abductees and the wider Acholi community has narrowed over the years since the conflict ended, but for some research participants the ongoing experiencing of war-related psychological symptoms still prevent them from fully participating in the Acholi society, which continues to hinder their reintegration. Until recently, the study of trauma in northern Uganda has revolved around the study of local spirits and Acholi rituals. The present study contributes to the broadening of the scope of the study of trauma among the Acholi towards other healing practices and provides a critical and multifaceted review of how the formerly abducted Lord's Resistance Army combatants conceptualise their experience of war-related psychological symptoms from their socio-cultural perspective in post-war northern Uganda.

Avainsanat – Nyckelord – Keywords

Acholi, healing, Lord's Resistance Army, reintegration, subjectivity, trauma, Uganda, uncertainty

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Tiivistelmä – Referat – Abstract

Tässä pro gradu -tutkielmassa tarkastellaan Herran vastarinta-armeija -nimisen kapinallisliikkeen (Lord's Resistance Army, LRA) kaappaamien entisten sotilaiden kotiutumista sekä kokemuksia psykologisesta traumasta Pohjois-Ugandan Acholin maakunnassa. Työn keskeinen tutkimuskysymys käsittelee sitä, miten LRA:n kaappaamat henkilöt käsittävät subjektiiviset traumakokemuksensa suhteessa maailmankuvaansa sekä tapoja, joilla kokemukset ohjaavat heidän hoitoon hakeutumistaan. Tutkimuskysymyksiä tarkastellaan kolmen rinnakkaisen parannusjärjestelmän puitteissa, joita ovat julkinen terveydenhuolto ja kansalaisjärjestöjen tarjoama traumaterapia, ajwaka-henkiparantajat sekä karismaattis-kristillinen kirkko. Tutkielma keskittyy kyseisiin järjestelmiin, sillä entiset kaapatut ovat hakeutuneet niiden pariin löytääkseen parannuskeinon sodan aiheuttamiin psykologisiin oireisiinsa.

Tutkielman aineisto on kerätty kolmen kuukauden etnografisen kenttätyöjakson aikana Pohjois-Ugandan Gulun ja Nwoyan piirikunnissa, syys-lokakuussa 2017. Aineisto on kerätty pääosin osallistuvaa havainnointia, teema- ja ryhmähaastatteluja sekä epävirallisia keskusteluja aineistonkeruumenetelminä käyttäen. Pääosallistujaryhmä koostuu 20:stä entisestä LRA:n kaappaamasta henkilöstä (10 miestä ja 10 naista 24–55 ikävuoden väliltä), jotka ovat palanneet takaisin siviiliin ennen Pohjois-Ugandan konfliktin loppumista vuonna 2006. Tutkielmaa varten on lisäksi haastateltu terveydenhuollon ammattilaisia, traumaterapeutteja, ajwaka-henkiparantajia, karismaattiskristillisen kirkon pastoria sekä entisten kaapattujen sukulaisia.

Tutkielma osallistuu trauman ja subjektiivisuuden ympärillä lääketieteellisessä antropologiassa käytävään keskusteluun. Aihetta lähestytään kolmiosaisen teoreettisen viitekehyksen näkökulmasta, jossa trauma ymmärretään yhtäältä sisäisenä subjektiivisuutena ja toisaalta rakenteellisena alistumisena (subjugaatio) sekä intersubjektiivisina suhteina. Tutkielmassa esitetään, että sodan aiheuttamat psykologiset oireet saavat merkityksensä ihmisen sisäisenä ja ruumiillisena kokemuksena, joita tulkitaan kokijan henkilökohtaisen vakaumuksen ja maailmankuvan perusteella. Nämä tulkinnat vuorostaan ohjaavat entisen kaapatun hakeutumista omaa maailmankuvaansa vastaavan parannusjärjestelmän piiriin. Tulkinnat ja tarjolla olevat hoitovaihtoehdot ovat riippuvaisia ulkopuolisista rajoitteista, jotka liittyvät valtionhallinnon harjoittamaan politiikkaan, hierarkkiseen yhteiskuntarakenteeseen sekä intiimeihin subjektienvälisiin valtasuhteisiin ja sosiaalisiin normeihin, jotka voivat toisaalta mahdollistaa ja toisaalta vaikeuttaa entisten kaapattujen hoitoon pääsyä.

Tutkielman löydökset osoittavat, että vaikka eri parannusjärjestelmät lähestyvät sodan aiheuttamia psykologisia oireita ontologisesti eri näkökulmista, niillä kaikilla on edellytykset korjata entisten kaapattujen rikkoutuneita sosiaalisia suhteita sekä sitoa heidät takaisin osaksi sosiaalista maailmaa tavoin, jotka vähentävät traumaoireita ja edistävät paranemisprosessia. Toisinaan valittu hoitomuoto saattaa kuitenkin epäonnistua, mikä pakottaa entiset kaapatut etsimään paranemiskeinoa suosimansa parannusjärjestelmän ulkopuolelta. Toimivan hoitomuodon löytyminen on epävarma prosessi, jossa epätietoisuutta aiheuttavat erityisesti epäselvyys oireiden alkuperästä, sosiaaliset jännitteet intiimeissä ihmissuhteissa sekä auttajien motiivien kyseenalaistaminen. Tutkielmassa esitetään, että paranemisprosessi on monin tavoin riippuvainen oireiden kokijan intersubjektiivisista suhteista sukulaisten, hoidontarjoajen, oireiden aiheuttajien sekä parantavien voimien kanssa. Tämä viittaa siihen, että vastavuoroisen vuorovaikutuksen eri muodot ovat oireista parantumisen keskiössä.

Lopuksi tutkielmassa esitetään, että ero entisten kaapattujen sekä muun acholi-väestön välillä on kaventunut huomattavasti sodan päättymistä seuranneiden vuosien aikana. Tästä huolimatta joidenkin tutkimukseen osallistuneiden kohdalla heidän kokemansa psykologiset oireet estävät heitä edelleen ottamasta täysimittaisesti osaa ympäröivään yhteiskuntaan, mikä vaikeuttaa heidän kotiutumistaan. Viimeisimpiä tutkimuksia lukuun ottamatta sotatrauman tutkimus Pohjois-Ugandassa on keskittynyt korostuneesti paikallisten henkien ja rituaalien tarkasteluun. Tutkielma pyrkii osaltaan laajentamaan käsitystä traumasta kattamaan entistä paremmin myös muita parannusjärjestelmiä sekä tarjoamaan kriittisen ja moniäänisen katsauksen siihen, miten entiset Herran vastarinta-armeijan kaappaamat sotilaat käsitteellistävät sodan aiheuttamat psykologiset traumaoireensa sodasta toipuvassa Pohjois-Ugandassa.

Avainsanat – Nyckelord – Keywords

Acholi, epävarmuus, Herran vastarinta-armeija, kotiutuminen, parantaminen, subjektiivisuus, trauma, Uganda

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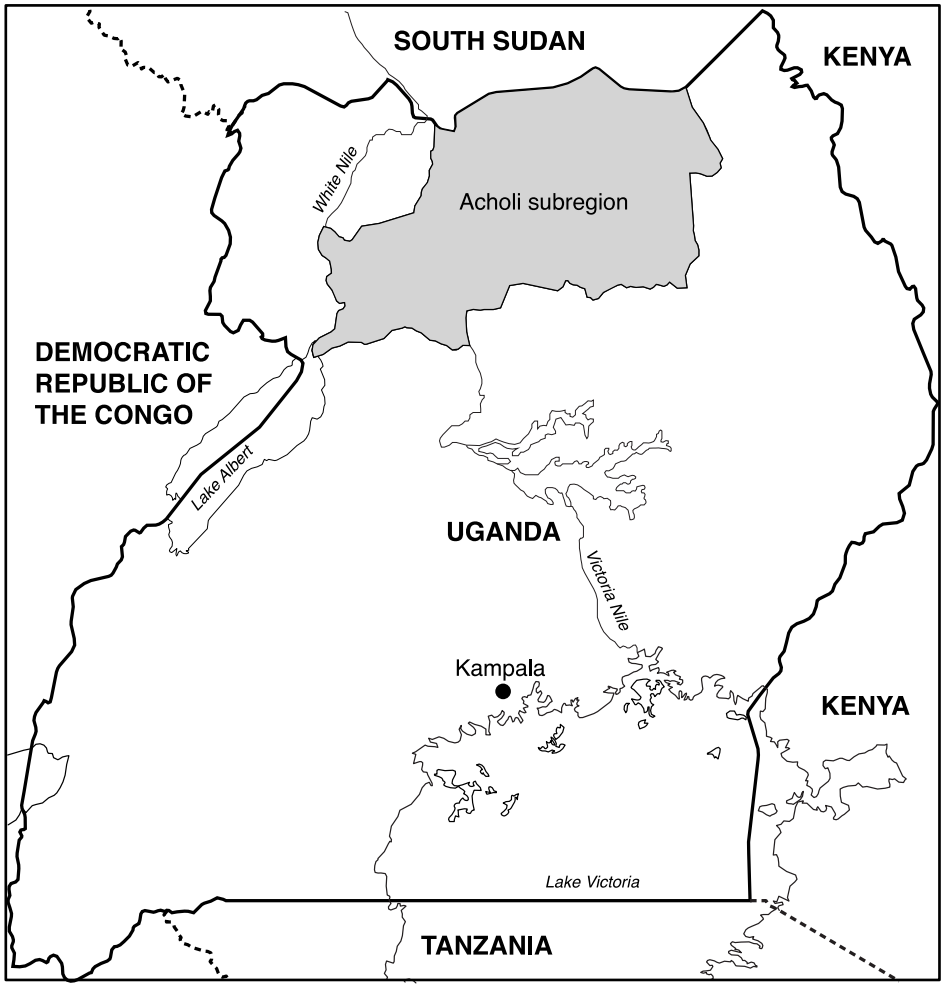
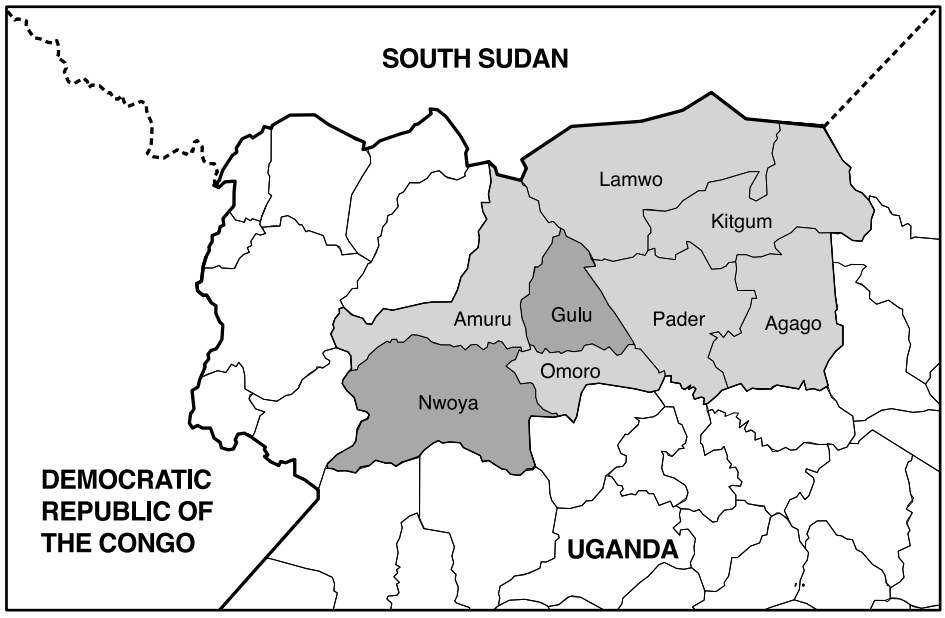


Map 1: Uganda



Map 2: Acholi subregion

[1] Maps prepared by the author of this thesis.

1 Introduction

"Nature is as ugly as it is beautiful.
People drop dead, people kill each other,
people go hungry.
You don't dwell, you just exist.
But then this other world comes along
and gives you ideas." [2]

For an outsider riding a bus in northern Uganda, the first thing one notices is the lushness of the landscape with its never-ending hills, banana groves, and the river Nile, which offer travellers uncontested beauty, and tranquillity, even. That is if you do not take into account the traffic which brings a layer of hustle and bustle into the equation while heavily-loaded *boda boda* motorcycle taxis and minivans manoeuver on the red dirt roads for which East Africa is so famous. These somewhat stereotypical descriptions are familiar from TV's travel shows representing the exotic *Africa*, yet at the same time they are among the first things that one notices, admires, and later grows fond of when touring the country.

Looking at the scenery, it is easy to forget that merely a decade ago the region was emerging from a war that had lasted for two decades. For an uneducated eye, the beautiful landscape conceals a different reality – the reality of mass graves and place names that bring to mind newspaper clippings and stories of atrocities committed by both parties of the war. This is something, which is difficult to anticipate today when talking to locals or strolling down the streets of Gulu, the biggest and busiest town of the Acholi subregion in northern Uganda, where I lived and conducted part of my fieldwork for this thesis between October and December of 2017.

Unsurprisingly, much like the conflict has left its marks on the landscape, it has also pressed its scars, both physical and emotional, on the Acholi people. I do not intend to say that all Acholi are left mentally affected by the war, as I know many who have overcome harrowing experiences with astonishing resilience, but unfortunately, not all have been equally lucky. In this thesis, I examine how these experiences have manifested in my research participants' minds and what kind of after-effects and implications they have had in their lives.

[2] Jennifer Nansubuga Makumbi – *Kintu* (2018, 360)

1.1 Research questions and perspective of the study

The focus of this ethnographic study is on the psychological and social implications that the conflict has had, and continue to impose, in the lives of the former abductees of the Lord's Resistance Army (LRA) rebel force more or less ten years after peace came to northern Uganda in 2006. I am interested in the somewhat controversial concept of war trauma – the symptoms related to it as well as the meanings that are given to traumatic experiences in the Acholi world view of my research participants. Furthermore, I am interested in the ways in which the former abductees interviewed in this study have sought help for the psychological problems that they have suffered from since the conflict ended, and what principles have guided their quest for healing.

I approach this topic from the theoretical framework of trauma and subjectivity. I am interested in how various symptoms of mental disturbance are interpreted on the one hand in the individual context in which they are experienced, and on the other hand how they relate to and get entangled in the web of social and cosmological relations in which my research participants take part. In order to understand this framework, it is important to examine the symptoms that my research participants themselves attribute to the experiences they have had during the war as rebel combatants rather than following the official definitions of what constitutes traumatic stress according to the Euro-American psychological tradition.

Therefore, this thesis attempts to answer the question: *How do former LRA abductees make meaning of their subjective experience of war-related psychological symptoms according to their Acholi world view, and how does it guide their search for healing in northern Uganda?* I approach this question within three contexts which my formerly abducted research participants have identified as the main places, or healing practices, from which they have sought help for their symptoms: the Pentecostal and Charismatic Christian (PC/C) churches, local *ajwaka* (pl. *ajwaki*) healers, and public healthcare. As such, this thesis places itself within the academic discussions on uncertainty, post-conflict reintegration, and social relationality, and it hopes to contribute to deepen the understanding of trauma and healing in the fields of medical and psychological anthropology.

In the context of northern Uganda, a wealth of research has been conducted on the former LRA abductees and their mental health conditions especially in the field of psychology

where several studies have been conducted on the subject (e.g. Harlacher 2009; Pfeiffer & Elbert 2011; Pham et al. 2009). In anthropology, the Acholi culture has also been in the centre of attention. Many excellent ethnographies have been written about the everyday realities of locals during and after the conflict and how the war has affected the social fabric and customs of the Acholi (e.g. Finnström 2008; Porter 2017). In these anthropological studies, the notions of trauma and its local manifestations have been addressed, but they have not been at the centre of research. However, most of these studies have been conducted either during the conflict or relatively soon after it ended when memories of the war were still raw in the minds of the local population, and living conditions differed significantly from the present day. Furthermore, when these studies were conducted, a majority of the population were still living in internally displaced persons' (IDP) camps[3], which is no longer the case.

Besides, most enquiries of trauma in Acholiland have been in the context of local healers and so-called traditional rituals. Less attention has been given to other forms of healing, namely to the study of PC/C or the public health sector. This thesis wishes to broaden the understandings in the study of trauma among the Acholi by examining these different instances and their interplay while anchoring them to the subjective experiences of those suffering from the psychological after-effects of war and abduction. Therefore, I hope to offer new insights into the lives of former LRA abductees and their struggles today after a significant amount of time has passed between the traumatic events of war and the present.

Next, I will offer a brief overview of the conflict for the reader to better grasp the sociopolitical dimensions of the war and the personal histories of my research participants. Even though the war has already ended, the dynamics of the conflict continue to play a role in and frame the lives of those living in the Acholi subregion of northern Uganda today.

[3] It is estimated that at the height of the conflict 90% of the Acholi population (between 1.3 and 1.5 million people) were ordered to move into the IDP camps by the Ugandan government on the claim of their protection. In reality, the living conditions in the crowded camps were appalling with over 1,000 excess deaths per week, which prompted the United Nation's chief humanitarian officer Jan Egeland to call the northern Uganda conflict the worst humanitarian crisis in the world at that time (Baines 2015, xlii; Porter 2017, 9). Researcher Chris Dolan (2009), who has done extensive field research in the IDP camps during the war, has referred to the life in the camps as 'social torture'.

1.2 Overview of the conflict

The northern Uganda war has defined the region for a long time and brought many humanitarian aid workers, journalists, and researchers – me included – to Acholiland in the past decade. Many excellent accounts have been written about the social implications of the conflict, its background and consequences by academic scholars and others (see, e.g. Allen & Vlassenroot 2010; Baines 2015, xxxiii–xlv; Finnström 2008). Therefore, I will only lay out the basic facts here, for in this thesis I am more interested in the now and what has happened in the lives of people who were caught up in its events as post-conflict years have passed on.

The northern Uganda war has its roots in the insurgency of National Resistance Army (NRA) which overthrew president Tito Okello, an Acholi, and instilled in power the incumbent president Yoweri Museveni, a westerner, in 1986 (Behrend 1998, 108; Branch 2010, 31).[4] A counter-insurgency campaign followed, which started the war in northern Uganda. In the beginning, several rebel movements took part in the conflict. However, from 1988 until the end, the war was predominantly fought between the Ugandan government forces of president Museveni (former NRA, which later changed its name to Uganda People's Defence Force, UPDF) and the only remaining guerrilla movement in Acholiland, the Lord's Resistance Army, led by an Acholi Joseph Kony (Branch 2010, 36–39).

Lord's Resistance Army is well known for its use of underage soldiers. During the war, their modus operandi was to abduct both children and adults to their army to serve as soldiers, porters, cooks, and forced 'wives' to the combatants (Victor & Porter 2017, 593) – my research participants among them. It is estimated that between 52.000–75.000 people were abducted during the course of the conflict (Blattman & Annan 2010, 135; Pham et al. 2009, 2) and that 60–80% of the LRA's army consisted of underaged soldiers (Blattman & Annan 2010, 135; Vermeij 2011, 174).[5] Some of the abductees spent only a few days with the LRA, but others were held captive for more than a decade. The former abductees returned from war usually either by escaping, being detained by government

[4] Though, as noted by several researchers, the conflict's history can be traced back to ethnic divisions, military policies, and power imbalances promoted by the British colonial government (Branch 2010, 26–29; Finnström 2008, 60–61).

[5] Porter (2017, 9) mentions figures of 24,000–38,000 for children and 28,000–37,000 for adults, which are consistent with the above numbers. However, these figures are only rough estimates at best, as it is impossible to reach conclusive statistics due to the long time span of the conflict.

soldiers, or being voluntarily released by the rebels (Blattman & Annan 2008, 6–7). Many died in the LRA's ranks, whereas some are still engaged with the LRA in neighbouring countries today, mainly in Central African Republic (CAR) and Democratic Republic of the Congo (DRC) (Crisis Tracker; Porter 2017, 11).

The war has been deemed 'dirty' by researchers, as the LRA's war tactics relied heavily on retaliation attacks against both civilians and government forces. The civilian population bore the heaviest brunt of the conflict, as both sides of the war committed atrocities against the unarmed population along the course of the war (Finnström 2008, 89–90). In the beginning, the LRA had support in northern Uganda, but as the conflict dragged on and abductions and violence increased, the rebels lost much of their support (Behrend 1998, 117; Finnström 2005, 100). In the same vein, the government's actions during the war diminished the trust of the Acholi towards president Museveni which has not been regained to this day. The mutual distrust has pushed the Acholi subregion further to the periphery of Ugandan society economically and politically, which has hindered the area's development (Finnström 2008, 101–103, 116–117; Porter 2017, 6).

Several rounds of peace negotiations were held between president Museveni's government and the Lord's Resistance Army. The final ones lasted from 2006 to 2008, but they ended when LRA leader Kony withdrew from the peace talks. The talks were followed by UPDF's Operation Lightning Thunder, where the Ugandan government attacked against LRA bases in the Democratic Republic of the Congo and forced the LRA to relocate further from the Ugandan border. This effectively ended the northern Uganda conflict even though no official peace treaty was signed by the warring parties, which has left the situation politically and militarily inconclusive to this day (Atkinson 2010, 220–222).

A fragile peace finally reached Acholiland after two decades of warfare.[6] As years passed on, the news about the LRA became scarcer until they stopped altogether. The Acholi grew more confident that the war had truly ended so they could start looking forward and rebuilding their lives. For the returned LRA abductees, this meant readjusting back to their home communities, which was not always an easy task as many were feared and openly stigmatised by their fellow community members for their deeds in the LRA's

[6] One illustrative portrayal of the mixed feelings and uncertainty felt towards the lasting peace among Acholi civilians can be read in Allen et al. (2010, 279–282).

ranks (Corbin 2008, 328–329). However, over time things settled and today most of my research participants feel at least partially reintegrated back to their civilian lives.

1.3 Acholi kinship structure

Before I move on to discuss the details of this study, I will give a brief introduction to the Acholi kinship structure as the former LRA abductees' reintegration efforts, experience of war-related psychological symptoms, and search for healing are all closely intertwined with social relations formed with both their kin and the wider community. In order to understand some of the power relations in the Acholi society, it is important to examine how the families and communities are organised around kinship and marriage.

The Acholi life is in many ways defined by the patriarchal social structure, where social belonging is determined by patrilineal descendance from father to son. Ideally, all members of the Acholi society belong to decentralised, exogamous lineages or patriclans (*kaka*) which include the male descent lines, wives married to the members of the clan, unmarried daughters as well as the spirits of ancestors (Finnström 2008, 34, 146).[7] Inheritance of land follows the patrilineage and men are considered the heads of the households, which means that, in many ways, the women are seen as subordinate to their power. However, as Finnström (ibid., 34) notes, in practice, the Acholi society also shares an element of matrifocality, where male members can honour their mothers' side for instance by taking their names. Furthermore, senior relatives can wield considerable influence over individual clan members as, for instance, the mothers have a say in their sons' relationship choices (Porter 2017, 42, 76).

Marriages in Acholiland are ideally patrilocal, which means that the wives are expected to move to their husband's home after marrying – though nowadays it is also typical for young, urban couples to begin their families in a separate location from their kin. The men are allowed to have multiple wives, but in practice, this opportunity is mainly available for wealthier men. After marriage, the women shift from their paternal homes

[7] In literature describing the Acholi kinship formation, the terms lineage and clan are often used interchangeably. According to Atkinson (1994, 76), the Acholi social structure does not fit the common depiction of the related Luo and other Western Nilotic people as "a classic, segmentary society", as described by Evans-Pritchard in his classic work *The Nuer* (1940, 192–193). Atkinson (1994, 77) proposes that agnatic cluster might be the most appropriate term to use since, historically, the Acholi villages, which were formed around single lineages, were the most meaningful social groups, but when the Acholi chiefdoms were established, they could consist of one or more lineages. However, in this thesis, I continue to use lineage and clan interchangeably as other anthropologists familiar with the Acholi have done.

and become members of their husbands' clans. However, the wife's social position in the husband's home is fragile until the husband's family or extended lineage has fulfilled bridewealth payments to the wife's side, which can take several years to achieve. Before the transactions are completed, the wife's loyalties are still divided between her paternal and husband's clans. This causes suspicion on the husband's side, as the marriage can be easily dissolved and children born in the relationship are still considered to belong to the mother (Finnström 2008, 185; Porter 2017, 101).

When the wife finally becomes fully married, her status as an ambivalent outsider transforms into that of an insider, and she becomes an intrinsic part of the household. The man's clan is now responsible for her well-being, and they are expected to offer the wife and her children social protection and access to land. This relationship becomes so strong that it outlasts the husband's death, as the wife continues to be a part of the late husband's clan and is entitled to the same social protection as before the husband died. The family is involved in vetting a new spouse for the wife, or she can be inherited by one of the late husband's brothers in an arrangement that usually does not include the need to fulfil intimate marital obligations. The customs vary depending on the family or lineage, but regardless, the wife and children remain members of the man's clan (Porter 2017, 100).

However, the past decades of war and displacement have torn the social fabric and broken many customs widely in use before the conflict began (Dolan 2009, 170–171, 187; Finnström 2008, 146; Porter 2017, 160). The extensive looting of cattle and wealth during the war has made the acquiring of multiple wives and the paying of bridewealth a struggle for many prospective husbands (Finnström 2008, 192; Dolan 2009, 171). Furthermore, the life in the IDP camps and the LRA raids prevented many Acholi from attending their clan lands, which has led to inheritance and land conflicts that are difficult to solve using the customary dispute resolution mechanisms, as the authority of elders has become undermined in the post-conflict setting (Branch 2010, 43; Saito & Burke 2014, 70).

The situation is particularly difficult for the former LRA abductees who have returned from the war, as their social position had become weakened by the time spent away. Many men have trouble to prove their entitlement to their land to which they were not able to attend because of their abduction. Many women, on the other hand, were forced to become wives to the LRA soldiers. The relationships were rarely formed voluntarily, and most women were reluctant to pursue the relationship in civilian life. In such cases, the children born out of the relationships occupy a particularly difficult in-between state, as

they were sometimes rejected by both the mother's and father's lineages and were, thus, left outside of social protection (Akello 2013, 151–152; Porter 2017, 196). The formerly abducted women have tried to improve their social position by marrying men who would accept the returned children to their clans, but in practice, many relationships dissolved before the bridewealth payments were fulfilled (Porter 2017, 197). The passing of time has stabilised the situation for some former abductees, but many of these problems continue to this day, which has affected the reintegration and caused psychological distress in those rejected.

1.4 Field

Fieldwork for this thesis was conducted in Acholiland, or the Acholi subregion of northern Uganda, between October and December 2017. I arrived in Gulu town, the administrative centre and largest town in the northern region, towards the end of the rainy season when the sky was still ready to burst on a whim, turning the streets into muddy porridge without much prior warning. I chose Gulu as the location for my fieldwork, as I had lived there before and already knew people in town who could help me settle and find research participants for my study. I had read from research literature that many former abductees who had returned from the LRA's ranks did not settle in their home communities in fear of stigma but instead relocated to larger towns, Gulu in particular (Akello 2013, 150). However, upon my arrival, I was not yet particularly interested in the psychological problems that the former abductees were suffering from but rather in the post-war experiences of the former LRA abductees in general.

Several reasons made me shift my interest towards war trauma and its treatment. The most important one was the information I obtained from my formerly abducted research participants about the psychological problems they were experiencing. However, this information intertwined with my interest in the medical sector, which was piqued when I rented a room in a cosy bungalow near the centre of town. I shared the place mainly with *muno* – white expatriate – nurses and doctors working for hospital partnership programs at Gulu Referral which is the regional referral hospital of the whole northern region and the largest public hospital in the area. Discussions with other tenants opened up a window to the daily life of the severely under-resourced hospital and the challenges that came along with it. Furthermore, my research permit required me to have a plan for psychological counselling in case any of my research participants showed signs of

emotional breakdown due to the questions I asked about their experiences during the war, which prompted me to do research on the available treatment options.

To understand what help was available for psychological problems, Gulu proved to be a convenient place to begin my research as the services are better there than in other parts of the predominantly rural Acholiland. Gulu is a busy university town with approximately 150,000 inhabitants (UBOS 2016, 11). It is conveniently located at the junction of trade routes leading to Juba, the capital of South Sudan, in the north; the Democratic Republic of the Congo in the west; Uganda's capital Kampala in the south; and another large Acholi town Kitgum in the east. These features make Gulu a hub for local and foreign non-governmental organisations (NGO) alike operating in the northern region. The town has several organisations which are focused on trauma counselling and three big hospitals of which Gulu Referral has the only psychiatric ward in Acholiland.

However, as I progressed in my research, I understood that precisely because of Gulu's size and the special role it holds within the subregion as a junction of traffic, goods, and people I would benefit from expanding my study outside of the town and towards other Acholi districts. This would offer me a broader picture in the lives of most Acholi, as only a few I met were originally from Gulu town. Besides, most of the people I interviewed had maintained tight relations to their family homes in other parts of Acholiland, and those who had the chance were dividing their time between the town and the village. The shifts were usually determined by seasonal planting and harvesting cycles of the most common crops.

The season changed from daily drizzles to the constant sunshine of dry season at the same time when I started shifting my gaze outside of Gulu town. The dirt roads turned into red dust that got stuck everywhere while I travelled in crammed *matatu* minibuses, rental cars, and *boda boda* taxis depending on the distance I needed to fare. I settled in a small trading centre[8] in Nwoya district, also familiar to me from my earlier stay in northern Uganda, where I continued interviewing former abductees together with my research assistant Ochola Isaac Mandela. The location was convenient for me, as its distance from Gulu was manageable, I was able to sleep at a friend's place, and relatively near the centre was a small hospital in case any emotional distress would arise in my research participants during or after our interviews. I was glad to spend time in Nwoya, as its village life felt

[8] I will not name the trading centre in this study to respect my research participants' wish for anonymity.

like a small escape from Gulu's hectic pace, where my life was more tightly organised around daily routines, planning next steps of the research, hospital gossip, and house calls to friends and acquaintances.

Beyond Gulu and Nwoya, the farthest I visited was a small and remote village near the border of South Sudan, where I went to meet an *ajwaka* healer from whom one of my research participants wished to get treatment. The charismatic pastors and *ajwaki* came usually recommended by word of mouth, which is why I rather met practitioners visited by my research participants than interviewed one at random. Because of the bumpy roads outside of the main highways, this trip took two days, which, considering my relatively short fieldwork period, is why I otherwise opted to stay closer to home where distances travelled took less than two hours by car or *boda boda*.

When I got to know my formerly abducted research participants better, I paid visits to their homes and villages in and outside of Gulu. I sat inside cool, thatched roofed huts or under mango trees protected from the midday sun, sharing food and sorting beans with my research participants and repeating the few phrases of Acholi Luo language I had managed to muster, frustrated not to be able to carry on conversations beyond common courtesies and random words here and there with Isaac by my side when I needed an interpreter. These moments together with the overwhelming hospitality the Acholi are famous for helped me to feel at home in Uganda regardless of my social clumsiness in a foreign cultural setting from which Isaac had to keep rescuing me time and again – usually without me even noticing. Yet these are the moments I cherish the most when I look back at my fieldwork in Uganda.

1.5 Data-gathering and research participants

The data gathered for this thesis was done using semi-structured interviews, group discussions, and participant observation – the cornerstones of ethnography, a central method of anthropological fieldwork. Data gathering was mainly done in two locations, Gulu town and an unnamed trading centre in Nwoya district, as explained in the previous subchapter. I interviewed ten former LRA abductees, five men and five women, in each location about their experiences before, during, and after the northern Uganda conflict. The research participants were between the ages of 24–55 and the length of their abduction ranged from six months to eight years. All research participants had returned from the war over nine years ago, some even as early on as in 1998. Because of the wide

age gap, differences in abduction lengths as well as the changing dynamics of the war and living conditions of the LRA combatants, one should be wary of generalising about the experiences of former abductees, as Mergelsberg (2010, 158) reminds us. This also applies in the case of my research participants.

When I arrived in Gulu, my initial idea was to research the long-term reintegration efforts of former LRA abductees, which would serve as a follow-up to prior research conducted on the subject when the conflict had barely ended. However, when I began interviewing my research participants, I soon enough realised that I needed to refocus my study, as the lives of the former abductees had changed considerably from the time when they had arrived at IDP camps or rehabilitation centres which were the first entry points back to civilian life for many returnees after the war. Today, the former abductees are busy taking part in community activities, stigma has significantly reduced, and the gap between civilians and former combatants has narrowed, although not fully closed, over the years.

In many ways, the problems that the former abductees are facing today are parallel to the ones the wider community is struggling with: land conflicts, poor level of education, agricultural concerns such as poor yields, and finding money for school fees to offer a brighter future for their children. In others, many felt that their absence from their home communities due to abduction and difficulties pursuing education afterwards had deepened their struggles compared to the problems encountered by the wider society, which set them apart from their peers. In practice, I felt it was somewhat counter-productive for their reintegration purposes to keep reproducing their abductee identity for the sake of research, when in fact they hoped to finally shed it off their shoulders.

However, during my interviews with former abductees, almost all of my participants still recounted some level of psychological after-effects from the war, ranging from mild nightmares to severe dissociative fits that lasted for days, which were understandably still affecting their quality of life in various ways. These recollections deepened my interest towards the study of mental health and trauma in the Acholi context, as these psychological symptoms were affecting some of my research participants' feeling of belonging to their communities and, therefore, stood in the way of their full reintegration.

Obviously, the former abductees do not hold a monopoly to either war trauma or mental health problems. Many civilians also encountered equally disturbing experiences during the war, and I have no wish to undermine their experiences. However, there are

cosmological explanations in the Acholi world view (discussed further in the next chapter) that make former abductees particularly prone to experiencing certain types of psychological symptoms, which is why I argue that focusing on their experiences is more appropriate for the scope of this work than expanding this study to mental health problems of the wider community. This being said, I feel that some of the findings in this thesis are applicable to the Acholi society at large, as understanding the causes of trauma and other psychological problems as well as their treatment is always first and foremost socially and culturally informed.

On top of the 20 interviews with former abductees I conducted on the field, this thesis relies on several other sources as well. In order to better grasp the sociopolitical and cultural realities surrounding different healing practices, I interviewed medical professionals, trauma counsellors, *ajwaka* healers, a Charismatic Christian pastor, and family members of former abductees about their interpretations of the symptoms encountered by my research participants and treatments offered to them. In addition, I carried out participant observation at trauma counselling sessions, a Sunday service at a charismatic church in Gulu as well as an *ajwaka* consultation session in which one of my formerly abducted research participants took part. Moreover, as is typical in anthropology, I had numerous informal conversations about these matters with different people of various backgrounds which I then repeated to my fieldwork journal to the best of my ability. I have attempted to transfer this knowledge on the pages of this thesis as accurately as it was shared with me, and I hope that this information offers the same insights to the reader that it has provided me.

1.6 Ethics, limitations, and self-reflection

There are several limitations and ethical considerations to this study which deserve to be addressed and elaborated. Some are related more to the technicalities of fieldwork, whereas others are linked to the timeframe of this study and the position of my research participants as well as to myself as a person and researcher. First of all, due to the small sample gathered and the qualitative nature of this study, it is by no means neither representative of the Acholi population as a whole nor former LRA abductees as a group. However, obtaining a representative sample was not the purpose of this study, as the scope of fieldwork, methods used, and the limited time conducting research would not allow it. Nevertheless, this study offers insights into the lives of former abductees in two

different locations in the Acholi subregion which, I argue, can illustrate and reflect the experiences of other formerly abducted people outside of this limited context as well.

Secondly, another limitation is related to the language barrier between most of my formerly abducted research participants and me. My understanding of Acholi is rudimentary at best, and I had to rely on the help of my research assistant Isaac while conducting interviews with my non-English speaking research participants. To ascertain the accuracy of information obtained through the use of an interpreter, I have either had the interviews transcribed or listened through and commented by Acholi speaking professionals – others than Isaac – to detect any discrepancies or gaps in translation. I have then gone through the transcriptions and marked all points where there have been any misunderstandings either on my behalf or on behalf of the research participants. Therefore, I am confident that the information I present in this thesis accurately repeats what was shared with me, though it is possible that at times I have failed to recognise some nuances in the responses of my Acholi research participants.

The ethical considerations of this study are mainly related to the vulnerable position of my research participants, their anonymity, and studying trauma without adequate medical qualifications to respond to psychological distress. This study has been conducted following the ethical guidelines of the American Anthropological Association (2012) and the ethical requirements of Uganda National Council for Science and Technology (UNCST) which has approved the data gathering of this research. I have diligently followed the ethical guidelines to do no harm and to work with the best interest of my research participants in mind. Especially since the former LRA abductees are a group that has been researched extensively, and they have been reported to suffer from various levels of research fatigue and disillusionment of the impacts of research in which they have partaken (Schiltz 2015).

Therefore, this study has aimed at full transparency in discussing its objectives and benefits of participation with all research participants. I have explained their rights to my interviewees and asked for their consent before beginning the interviews. In addition, all research participants were explained already beforehand that there is no monetary compensation given for participation to ascertain that all information was shared willingly. Some potential interviewees never showed up because of the lack of payment, and I respected their decision. I have also promised to protect my research participants' identities, which is why pseudonyms are used throughout this study. Some details of the

former abductees' lives have been altered, and place names have been either unnamed or changed to respect research participants' wishes to remain anonymous.

As already mentioned earlier in this chapter, one of the prerequisites for conducting my study was to have a plan for psychological assistance in case of emotional breakdown due to our interview questions. Fortunately, this assistance was never needed, but regardless, I provided all my research participants with contact details for both myself and Isaac in case they had any questions or felt any psychological distress afterwards. For the same purpose, I have also abstained from asking any questions from the former abductees which I suspected could cause extreme distress or possibly trigger a traumatic response. For instance, I did not ask whether the interviewees were forced to kill or were raped during their abduction, as I felt that the negative consequences weighed against the benefits gained from obtaining said information. However, in some cases, this information was shared with me regardless.

In terms of self-reflection, I wish to acknowledge the fact that anthropological research takes its shape in the interaction between the researcher and research participants (Alava 2016, 139), and the outcome is always dependent on preconceptions, expectations, and interests of both parties. My formerly abducted research participants had their reasons for participating in the interviews as equally as I had in conducting them. To manage these expectations, I directly asked about them from each interviewee. They gave me a wealth of answers: some considered participating their duty, others wished to get their stories heard in the hope of receiving benefits in the form of future NGO interventions they thought would follow the interviews, one felt that revisiting her experiences after a long time allowed space for self-reflection, and a few saw it as a way to ask for advice or learn where to get help for various problems from someone whom they reckoned knew the NGO field in the area. I addressed these expectations to the best I could even though I knew that in most cases my answers would fall short of the interviewees' wishes.

Furthermore, there existed a stark contrast in the socioeconomic position between myself and my research participants, and it did not make much sense to try to disguise something so blatantly obvious to both parties. I was aware of the unequal power dynamics that it created at all stages of my research, as my social position differed from what my age and gender entailed if I would have been an Acholi instead of a white student. It is difficult to estimate the scope in which these factors have affected my research, but I am confident that they have not gone unnoticed. For instance, there was a clear distinction in the

answers given by male and female participants, as women were generally readier to share their experiences of mental health issues in richer detail than men. It is possible that my gender and other attributes played a role in this. However, I have come to believe it had more to do with the Acholi norm that men are not expected to show their weaknesses as readily as women – and it was thus more difficult for men to discuss such matters unexpectedly – than to my personal position as a researcher.

Nonetheless, it would be naïve to expect that everything my research participants told me was factually true, especially given the short fieldwork period and an emotionally demanding research topic which would have benefitted from a longer stay and deeper interaction with all, instead of only some, of my research participants beyond the potentially intimidating interview setting. However, because of the long time span between the war and the present day, it was impossible to verify some of the information shared with me even though I did data triangulation whenever I could. Regardless, I do not perceive this as a significant weakness of my research, as the focus of this thesis is on how my research participants make meaning of their war experiences instead of trying to construct a historically accurate account of what has taken place.

Therefore, I have come to treat the information shared with me by my formerly abducted research participants as versions of their life histories (Meinert 2015, 127) and, thus, as something that reflects how my research participants have wished to portray themselves, which makes these accounts valuable in their own right. Furthermore, I believe that the encountering of half-truths represents the everyday reality of anthropological fieldwork in general (Metcalf 2002) – and especially when conducting research in a post-conflict setting where trust is rarely instantly won (Alava 2016, 130–131; Finnström 2015, S226, S229; Meinert 2015, 132) – instead of a shortcoming of this thesis in particular.

1.7 Chapters

Before I move on to the next chapter, I present the reader with an overview of the structure of this thesis which consists of six chapters in total. The second chapter introduces the three healing practices explored in this study: public healthcare together with NGOs providing trauma counselling services, *ajwaka* healers, and Pentecostal and Charismatic Christian (colloquially known as born-again) churches. This chapter lays out how trauma is understood in these ontologically different, and somewhat contradictory, settings.

The third chapter focuses on the theoretical framework of this thesis, namely on the anthropological studies of trauma and subjectivity. I examine the history of trauma as a psychological condition as well as the critique that anthropologists have presented about the concept of war trauma. I then move forward to explain how subjectivity is understood in anthropological studies in general as well as how it is conceptualised within the framework of this thesis in particular. This is done through the concepts of *inner subjectivity*, *structural subjugation*, and *intersubjective relations* that promote the interpretation of trauma and subjectivity as different sides of the same coin. From there on, I give voice to my research participants and let them explain how they interpret and analyse their war-related symptoms in the context of their own subjective experiences.

The following two chapters are reserved for analysis. The fourth one scrutinises the three healing practices' approach to healing and offers suggestions on which mechanisms in each approach are responsible for fostering healing in the case of war-related psychological symptoms. I focus primarily on the impacts that social support and the rebuilding of social relationships have on the process of recovery from psychological after-effects of war and hope to offer some new insights in the matter based on information obtained from discussions with my research participants. Furthermore, this chapter examines how healing is related to the Acholi moral principle of *social harmony* which guides the formation of social relationships in Acholi society.

The fifth chapter explores what happens when the pursued treatment fails, forcing those suffering from war-related psychological symptoms to expand their search for recovery beyond their preferred healing practices. I approach the topic with the life history of my research participant Akello whose war-related symptoms have forced her to navigate between different healing practices in the hope of finding a lasting cure for her ailments. I also examine the uncertainties that surround the origins of experienced symptoms and the intersubjective entanglements that tie my research participants to their relatives and treatment providers who act as the gatekeepers of healing. I hope this chapter conveys new information about how the fragility and complexity of social relations can direct and affect the former abductees' quest for healing in post-conflict Acholiland.

The sixth, and final, chapter is reserved for conclusions in which I tie together the findings and themes of this thesis. Conclusions are followed by acknowledgements, abbreviations, and glossary. However, before we reach the end, I begin by turning my gaze towards the three different healing practices examined in this thesis.

2 Counselling, divining, praying

"As human beings,
when we hear that something helps,
then we are inclined to accept it.
You hear that our treatment helps,
but even hospitals and churches
are good for those who go to them.
Though they cannot treat every illness
as well as other things we cannot heal." [9]

I begin this chapter with a quote from an *ajwaka* healer which suggests that there exists a potential cure for every ailment and hints at possible places from where to start looking for help. This chapter introduces these three different instances, or healing practices, from which my formerly abducted research participants have sought help to overcome their war-related symptoms, namely the PC/C churches, *ajwaka* healers, and public healthcare. By far, born-again Christian prayers have been the most popular method of healing among my research participants, whereas *ajwaki* divinations, hospital care, and psychological counselling have been utilised significantly less.[10] In spite of this, I will first examine the public healthcare and non-governmental organisations offering trauma counselling to give the reader a better understanding of the challenges faced in the provision of medicalised psychological healthcare in Acholi subregion. Then I move on to examine Acholi cosmology and the place that the *ajwaki* occupy within it before I look at the role of the Charismatic Christian churches and the prayers they provide.

2.1 Public healthcare and non-governmental treatment of trauma

The reason why I begin this chapter with public healthcare despite its unpopularity among my research participants is that it is the only officially approved form of mental healthcare in Uganda, whereas the *ajwaki* and churches operate within the informal sector, which means that they are not regulated in any way. Therefore, one could expect public healthcare to be a viable option for anyone suffering from psychological problems. In this

[9] Interview with an *ajwaka* healer in Omoro district, December 2017.
[10] The majority of my 20 interviewees, 17 people out of 19 (89%), who reported having experienced some level of psychological after-effects of war have tried prayers at either PC/C or mainline churches, only three (16%) had gone to an *ajwaka*, and only two (11%) had reached out to hospitals or other forms of public healthcare. None of the participants had taken part in trauma counselling offered by non-governmental organisations.

subchapter, I hope to illustrate why, despite the government's promotion of public healthcare, it has not become the go-to place for either my formerly abducted research participants or the Acholi population at large in the treatment of most mental health problems.

2.1.1 Mental health services in the public sector

The governmental healthcare sector in Uganda is divided into public and private sectors, where the public sector operates hospitals and health centres at different administrative levels from villages up to the national level.[11] The lower the level, the smaller the units and fewer services are available in them, which means that it is likely for patients to be referred to a higher level – often a far and costly distance away from their home. The private sector consists of private hospitals and smaller clinics as well as Catholic hospitals which operate between the two systems, as they are private in theory, but in practice, they offer good quality care with low costs and are therefore affordable to most Ugandans. In general opinion, Catholic hospitals are considered providing the best care, whereas public hospitals are considered the worst. However, the provision of mental health services is concentrated on the public sector and at the upper levels within the healthcare structure, which is why public healthcare is of particular interest to this study.

There are several reasons behind the negative attitudes towards public healthcare which are mainly related to a lack of resources, understaffing, and corruption. These problems, in turn, cause further challenges such as the overburdening of personnel and a constant deficit of drugs and other testing materials.[12] Patients who come to receive care sometimes find out that it is not available due to these constraints which together with demotivated staff or demands for bribes due to low wages in public sector have eroded patients' trust in the system (Whyte 2002, 183). Furthermore, as the public healthcare sector struggles to provide even basic diagnostic services and pharmaceuticals in terms of common communicable diseases such as malaria, tuberculosis, or HIV/AIDS, the focus on non-communicable diseases – especially psychological conditions – gets easily

[11] The levels are village, parish, sub-county, county/parliamentary constituency, district, region, and nation.
[12] These problems are by no means limited to Uganda. They are shared by most sub-Saharan African countries where healthcare sector has not been able to meet the demands of the population since the implementation of structural adjustment programs imposed by World Bank and International Monetary Fund in the 1980s as a measure to cut the debt burden of African nations (Akyeampong et al. 2015, 6–7). These actions led to the privatisation of most public services in Uganda and elsewhere – healthcare among them (Whyte 1997, 53).

sidelined due to the higher cost of psychological medication and treatment in Uganda and elsewhere in Africa (Okello & Musisi 2015, 249).

Despite these shortcomings, public and private healthcare are frequently used by most northern Ugandans, as tropical diseases are common and HIV/AIDS and hepatitis B prevalence is relatively high in the area. This is the case with my formerly abducted research participants as well, as most of them have visited hospitals to get treatment for their physical war injuries – gunshot wounds, chest pain due to carrying heavy loads, fractured bones, complications from torture, and so forth – as well as for numerous other physical non-combat related ailments. However, as I already mentioned, two of my research participants have visited hospitals specifically to get help for problems that they attribute to the psychological after-effects of their war experiences. In spite of this, in both cases, they did not seek psychological assistance, but instead, they went to the medical ward to get help for their somatic symptoms. This is relatively common in cases of trauma, anxiety, and depression symptoms according to a psychiatrist with whom I discussed at Gulu Referral as many do not recognise the psychological origins of their physically experienced symptoms.

Ideally, in these cases, the patients should be examined, and when it is ruled out that they are suffering from somatic symptoms rather than from physical ailments, they should be referred from the medical side to the psychiatric ward for treatment or counselling. In practice, these cases sometimes go unnoticed. One of the two research participants, who had gone to the hospital to get help for palpitations and squeezing of the chest, was referred for psychological counselling and given some medication, but there was no follow-up or continuous treatment offered. The other one, who felt symptoms similar to malaria every time she was about to get overcome with a dissociative attack that snaps her out of her wits for days, reported going to the hospital several times, where they tested her for malaria, offered her mild pain killers, and sent her home. She felt going to the hospital was useless, as she has struggled with the condition for almost ten years without receiving any serious help for her problems.

Partly, I believe the reason why my research participants were treated in this way is because of the overburdening of the system, as every time I visited the psychiatric ward at Gulu Referral, its corridors were packed with patients waiting for hours on end to be called in by a doctor. There was a constant deficit of staff and a caseload of patients to whom the existing staff tried to attend as best they could, but they were facing an

unmanageable task. Partly, I suspect the reason is that the public mental health sector is better equipped to treat more acute and visibly perceived conditions such as schizophrenia, bipolar disorder, and epilepsy[13] that can often be controlled with the right medication. In more complex cases, such as anxiety or depression, to which there is no clear-cut treatment available, the system is less prepared to offer meaningful care.

In fact, in the case of trauma treatment in particular, the head of the clinical department at Gulu Referral's psychiatric ward told me that they were not offering any psychosocial counselling or trauma treatment at the hospital. He explained that treating traumatic stress or post-traumatic stress disorder (PTSD) required special training or otherwise there would be too high of a risk for the counsellors to become traumatised as well – a risk which the hospital was not prepared to take. Therefore, all trauma treatment had been outsourced to a non-governmental organisation in Gulu to which the hospital referred all their trauma patients unless they were sent to the Butabika National Referral hospital in Kampala. These outsourcing trajectories follow developments in other African countries, where weak mental health infrastructure is supported by NGOs in the provision of psychosocial assistance especially in post-conflict contexts (Akyeampong 2015, 43).

2.1.2 Non-governmental trauma counselling

There are several NGOs providing trauma counselling services in northern Uganda. These include Transcultural Psychological Organisation (TPO), which is working in partnership with Gulu Referral, as well as THRIVE Uganda, Grassroots Reconciliation Group, and I Live Again (ILA) Uganda, the last one being a Christian-based organisation emphasising discipleship in its treatment.[14] All of these organisations operate on limited resources and staffing, and apart from THRIVE, they all have built their operations on community outreach programs rather than walk-in clinics. This means that access to their services is good among the NGOs' beneficiaries, but everyone outside of their programs is left without treatment. This is, of course, an understandable action plan for NGOs operating on limited resources, as they are able to treat patients efficiently and in large numbers within their target areas.

[13] Despite epilepsy being a neurological condition, it is classified and treated as a mental illness in Uganda where neurological care is not readily available.
[14] Other trauma-oriented NGOs working in the area include Christian-based Caritas, Vivo, which trains trauma counsellors for other organisations, and most likely many others. They are not included in this study, as I did not have a chance to interview them.

However, this model is highly unequal from the public healthcare perspective, as trauma treatment becomes unattainable for most northern Ugandans. Furthermore, the Acholi population's awareness of the availability and location of these services is generally poor at best, and finding out about them is difficult unless the person seeking help has an existing link to these services. In most cases, finding information about NGOs offering trauma treatment was difficult for me as well even though I had prior knowledge of their existence and access to the internet where information about their work can be found – typically only in English. Understandably, this makes it near impossible for a local person without prior knowledge or language skills to be able to take part in the counselling groups, especially in cases where they are in urgent need of psychological assistance. This problem is not only limited to NGOs within the field of psychosocial trauma counselling, as Porter (2017, 158) raises similar concerns in regards to NGOs assisting rape victims in the area.

I assume that these restrictions explain why none of my research participants reported having taken part in trauma counselling sessions offered by any non-governmental organisations since their return.[15] In spite of this fact, I nonetheless wanted to include non-governmental trauma counselling in this thesis, as NGO-operated services continue to be the primary instance offering psychosocial trauma care for former LRA abductees, and therefore they are central to my interest of understanding the different approaches to trauma treatment available for former abductees in northern Uganda. Hence, I also observed counselling meetings organised by both TPO and THRIVE Gulu, where other former abductees attended. There I listened to the participants' confessions and reflections of their progress and setbacks regarding it.

The primary treatment model of all trauma-focused NGOs is based on cognitive behavioural therapy (CBT), and specifically one quite recent modification of it, the narrative exposure therapy (NET). NET is a short-term intervention for trauma sufferers based on gradual exposure to painful memories of the trauma-causing events over several sessions (see, e.g. Harlacher 2009, 136–137; Vivo 2015) which at least in Acholiland was organised primarily as group therapy. NET claims to be universally adaptable and it has

[15] However, 15 out of 20 of my research participants had taken part in counselling provided by the rehabilitation centres upon their arrival from the LRA's ranks. This mainly consisted of counselling on how to behave appropriately in civilian life after return and how to respond to stigmatisation rather than extensive treatment of specific psychological problems. Furthermore, at least in the case of my research participants, the psychological symptoms did not begin instantly upon their return but only after the abductees had stayed home for some time.

been culturally adjusted to better suit the local Acholi context as many complex psychological conditions were conceptualised to the participants in concrete and culturally appropriate ways. Even so, the method leans heavily on the Euro-American psychological tradition, and it was developed by European psychologists.

Therefore, NET holds the underlying idea of Euro-American psychology that the mind is separate from the body and they should be or can be treated individually. From my experience, such distinctions are not as readily made among the Acholi, one example of which is the common interpretation of anxiety or depression symptoms in physical rather than in psychological terms. The mind and body are seen more or less as a whole that can be attacked and manipulated equally by the living or the dead. Especially as psychological symptoms attributed to trauma are often interpreted being caused by supernatural beings among the Acholi, and as such, they are not perceived to be something that can be fully treated within the biomedical sphere. Therefore, it is important to note that the healing *ajwaki* and churches offer is not restricted to the treatment of mental health in particular but rather to the person as a whole, which better allows addressing the underlying cosmological forces that have been set in motion when the illness took place. I argue that this is also partly the reason why other forms of treatment have found more resonance in and been prioritised by my research participants.

2.2 *Ajwaka* spirit mediums and Acholi cosmology

An *ajwaka* is a wearer of many hats, as they can take up the role of herbalist, therapist, or doctor depending on the misfortune that has befallen their clients. They are also known by many names, as they are referred to as diviners, healers, spirit mediums, and 'witch doctors'.[16] Sometimes the *ajwaki* substitute medical doctors in Acholi communities, treating physical ailments like skin rashes and eye diseases with herbal medicine, but their repertoire far surpasses that of a doctor, as they also protect their clients from curses and charms as well as help repair failing marriages or businesses along with treating mental illness (Porter 2017, 213). Most of all, the *ajwaki* are experts in treating cosmological consequences and mending interpersonal relationships both with the living and the dead. Through their skill of divination and mediumship, they have the ability to find out about the true, supernatural causes of afflictions that have shaken up the cosmological order.

[16] Geschiere (2013, xviii) reminds us that 'witch doctor' is originally a Western term with pejorative connotations. However, it has been readily adapted and appropriated by the public in many non-Western contexts, Uganda among them.

Next, I examine the role of the spirits in the formation of trauma symptoms as they are understood in the Acholi cosmology.

2.2.1 Spirits in Acholi cosmology

The Acholi cosmology offers culturally appropriate interpretations of the causes of trauma and other psychological conditions as well as tools for treating them, which is why understanding the local world view[17] is central to the arguments of this thesis. The Acholi world view acknowledges the existence of cosmological relations between the living and the Acholi spirits, which can become upset by the breaking of taboos, the spirits' negligence, or overlooking one's duties to the spirits (Harlacher 2009, 34–38; Porter 2017, 64–65). In addition, these spirits can be sent to afflict people through curses or charms often initiated by offended relatives, lovers, or other worldly relationships gone sour. The job of an *ajwaka* is to interpret the wants and needs of the bothering spirits in order to restore the cosmological equilibrium or social harmony – one of the guiding principles of Acholi society – as Porter (2017, 3) calls it. In most cases, the equilibrium is re-established by performing rituals to acknowledge and appease the troubled spirits (ibid., 135–136).

There are two kinds of spirits central to the Acholi cosmology – the ancestral and free *jogi* (sing. *jok*). Because of their origin, the ancestral *jogi* are spirits that can be attributed to particular people, clans, or places. The *jogi* are ambivalent in nature, as they have the capacity to do good or bad depending on the situation and how they are being treated (Behrend 1999, 22). There are several ways in which a person can contract *jogi* who can then start bothering people they have become attached to, which in turn can lead to mental health problems if their demands are not appropriately addressed. For instance, a person can come across them at riversides or caves, break a taboo, or commit some other moral wrongdoing. In addition, they can be sent by 'witch doctors' if someone, often a jealous relative or lover, has wanted to bewitch them (Harlacher 2009, 222, 340).

When this happens, the matter should be taken to an *ajwaka* spirit medium who contacts the divinatory spirits that help her. Through the *ajwaka*'s possession, the spirits reveal

[17] The term 'world view' has been criticised for its staticity, which is why it has become popular to replace it with other, more nuanced terms perceived to better encompass the concept's dynamic nature (Finnström 2008, 26; Porter 2017, 5). I continue using the term throughout this thesis, as I consider it to be an otherwise useful concept. Nonetheless, I wholly acknowledge that world views are forever changing, internally inconsistent, and not necessarily shared by all members of a given society (the Acholi one included, as I will present in this chapter).

which *jok* or *jogi* are responsible for causing the patient's problems. Sometimes the *jogi* can be made peace with by performing a ritual or a set of rituals (Baines 2010, 426; Schultz & Weisæth 2015, 826–830), but in particularly difficult cases the only way to gain control of the spirits is by turning the host into an *ajwaka*. This way the possessed can get to know their spirits and start cooperating with them (Allen 2006, 157–158; Harlacher 2009, 222–223; Victor & Porter 2017, 596–597). Both of the *ajwaki* I interviewed had started their paths as healers by transforming their prominent mental health problems into something productive by becoming vessels to the spirits, channelling them to cure others in similar situations.

Amongst the free *jogi*, there is a category of spirits called *cen* (both sing. & pl.). The *cen* are roaming spirits that can come from faraway places to look for hosts to which they can attach themselves to, as explained by an *ajwaka* I interviewed. The *cen* are central to the interpretation of trauma in the Acholi cosmology, as they are attributed to the spirits of those who died a violent death. The *cen* can also be contracted by witnessing atrocities and touching the dead, which were common occurrences for both civilians and combatants during the war. Those possessed by *cen* are perceived to suffer from nightmares and flashbacks, and they can start behaving amorally, asocially, or in violent and destructive ways. This is behaviour which also falls under the symptomatology of post-traumatic stress disorder (Finnström 2008, 159–160; Porter 2017, 135).[18] The greater the amount of encounters, the more severe is the possession (Finnström 2008, 160), which also follows the understanding of post-traumatic stress disorder in Euro-American psychology (Weierstall et al. 2012, 6; Winkler et al. 2015, 8).

In general, the *cen* is perceived as a negative entity in comparison to the ambivalence of the *jogi* (Victor & Porter 2017, 596). The *cen* are spoken of as polluting or evil spirits or as vengeance ghosts that have come to haunt their killers who have broken the social norms of the Acholi. Furthermore, what makes the *cen* particularly worrisome is that if they are not appropriately dealt with, the *cen* can jump from one person to another or spread to the whole clan and over generations (Finnström 2008, 160; Porter 2017, 135–136). Therefore, the cosmological consequences of *cen* possession are not only afflicting individuals, but the whole way of the Acholi life is in danger of becoming polluted with the evil of *cen*. These prospects make it a frightening thing to contract and something that

[18] Indeed, a psychological study conducted by Neuner et al. (2012, 551) has found a significant correlation between the reported symptoms of *cen* possession and these diagnoses.

requires direct action to take place. Next, I turn to explain why the *cen* is seen as the most likely suspect behind the mental health problems suffered by former LRA abductees.

2.2.2 Former LRA abductees and cen

For my research participants, the physical and moral place they occupied during the war was wrought with cosmological dangers, which makes them particularly prone to contracting *cen*. The former abductees were in constant contact with death and violence either by being forced to kill and maim, witnessing violence committed by others, looting and touching the dead, failing to bury their remains in an appropriate manner, or coming in contact with places where violence took place, which all constitute as violations of the Acholi moral order (Harlacher 2009, 340). Furthermore, as a guerrilla force, the LRA operated from within the depth of 'the bush', or *lum*, which in itself exposed the rebels to the influences of evil cosmological forces, as the bush is perceived to be the opposite of villages which are considered to lie within the sphere of the moral influence of proper Acholi life (Verma 2012, 446). It was almost impossible for the former abductees to avoid breaking taboos in the LRA's ranks even if they did not take part in direct combat, as, for instance, any sexual encounters taking place in the bush are invariably deemed as cosmological violations with consequences in the Acholi world view (Porter 2017, 198).

Rituals are needed to banish the *cen* and make peace with the *jogi*. Upon their return, the majority of my research participants went through common welcoming and cleansing rituals such as stepping on the egg (*nyono tong gweno*) and washing away the tears (*lwoko pik wang*)[19] to welcome the returnees back home and to purify them of any bad deeds committed during the war (Mbabazi Mpyangu 2012, 123–124). Thus, these rituals are performed to anticipate cosmological consequences and ward off evil spirits susceptible to possess the former abductees rather than to treat existing afflictions. However, because of their pre-emptive nature, these rituals have not been designed to directly tackle specific *jogi* or *cen*, as it is important to be able to identify the right spirits bothering the host and their needs before they can be made peace with (Baines 2010, 426–427; Schultz & Weisæth 2015, 826–827). For these reasons, I suspect that these general cleansing rituals are not potent enough to be viable alternatives to rituals performed by the *ajwaki* to banish

[19] These rituals are discussed at length in, e.g. Baines (2005), Harlacher (2009), and Mbabazi Mpyangu (2012) and, therefore, I will not elaborate on them in this thesis as my research participants did not find them particularly meaningful. For this reason, they were not of central interest to this study.

cen. At least in the case of my research participants, none of them thought that taking part in *nyono tong gweno* and *lwoko pik wang* had had any significant impact on their lives.

However, the rituals performed by the *ajwaki* usually take considerable time, money, and effort to arrange. First, the former abductee attends a consultation, where the *ajwaka* identifies how many spirits are disturbing the client and who they are. Then the spirits give their demands, often a long list of things that need to be purchased, before the ritual can take place. These things can take a long while to acquire during which time the client is left to live with his or her untreated symptoms. When the demands have finally been met, a ritual is organised. Present are at least the *ajwaka*, the affected person with his or her relatives, and usually also the *ajwaka*'s aides. The ritual is a social process that often takes several days to perform accompanied by animal sacrifice, dancing, drumming, and communal eating (Porter 2017, 135). The aim of the ritual is to appease the spirits and bring peace to the affected person, but equally important is to re-establish normal social relations, or social harmony, between the affected person and his or her moral community including the living and the dead around them, as explained by Porter (ibid., 136).

As I mentioned at the beginning of this chapter, three of my research participants have visited (or were taken by their relatives to visit) an *ajwaka* to receive treatment for their psychological war-related symptoms which they themselves attributed to the doings of evil spirits. The first participant took part in a soul-calling ritual (*lwongo tipu*) performed by an *ajwaka* after she had started presenting asocial behaviour. She felt that the ritual had positive effects, as it helped her to relieve herself from her gloomy mood and reduced her nightmares. However, it did not fully cure her symptoms – she still saw nightmares and occasional hallucinations and had trouble controlling her behaviour in certain situations. Later she started praying at a born-again church, which helped her to find relief from her problems, though her symptoms have not entirely disappeared to this day.

The second participant had begun the ritual process for *lwongo tipu* by attending a consultation with an *ajwaka* to identify her symptoms, which the *ajwaka* did. However, because of my research participant's staunch Christian conviction, she did not feel comfortable taking part in the ritual as it would have required her to strip bare-chested which she felt was uncouth for her. Instead, she went to a born-again church to pray. As a result, her nightmares disappeared for a while, but they reappeared again after she watched a documentary on television about dictator Idi Amin where they showed the killing of people. This triggered her war-related memories which in turn brought back the

nightmares. However, she has not returned back to church for help, but she occasionally prays from home to relieve her symptoms.

Unlike the two others, the third participant had first tried born-again prayers, and she was even taken to a well-known prophet to be prayed on, but none of this helped. On the contrary, she felt the prayers had worsened her situation as praying intensified her spirit attacks, which is why her mother suggested going to an *ajwaka* for a consultation instead. She did, and the *ajwaka* identified several spirits, both *jogi* and *cen*, that were possessing her. The healer suggested a body repair (*yubu kom*) ritual as a cure. Currently, she is struggling to acquire the things that the spirits demanded for the ritual to take place. My research participant is hopeful that the ritual will cure her fully of her possession, as the *ajwaka* she has chosen comes well-recommended and her mother knows other former abductees who have recovered after taking part in similar rituals.[20]

These examples show that there is back and forth movement between the clients of the *ajwaki* and PC/C churches. From Charismatic Christianity's perspective, this feels somewhat incomprehensible, as the PC/C movement is well-known for their denouncement of traditional healers as heretics at best and as the Devil's advocates at worst (Lindhardt 2015a, 26). However, there are many aspects in the contemporary Acholi world view that help explain why my formerly abducted research participants – and other Acholi as well – do not necessarily see a contradiction between these ideologies even if the born-again Christianity's teachings create a strict juxtaposition between them. Next, I explain how these different approaches – one of local and the other of global origin – intertwine with each other and how trauma symptoms are conceptualised within the context of born-again Christianity.

2.3 Charismatic Christianity and intertwining cosmologies

In the past few decades, the Pentecostal and Charismatic Christian movement has rapidly gained popularity in the predominantly Christian Uganda and elsewhere in sub-Saharan Africa.[21] As a result, there has been considerable movement from the mainline Christian

[20] I will discuss this case at length in chapter 5 of this thesis.
[21] Though the emergence of charismatic movements in Uganda stretch further back in history, especially to the East African Protestant revivalist movement Balokole from the 1930s onwards (Allen 2006, 32; Christiansen 2009, 53–54; Lindhardt 2015a, 5; Tankink, 2007, 206).

denominations (Catholic, Anglican, and Orthodox) to the born-again ones.[22] This trend is also visible in Gulu – and to a lesser extent in Nwoya – where numerous PC/C churches have popped up on street corners and neighbourhoods, the most popular ones opening up new branches in other villages and towns. Some of them are small, independent churches headed by local pastors, whereas others are large, Western ones which operate in multiple countries such as the Watoto church. Most of these churches are oriented towards the gospel of healing and prosperity through prayer and miracles, which is clearly a message that has struck a chord with Ugandans – many former LRA abductees among them.

2.3.1 Charismatic prayers and deliverance in PC/C churches

What sets PC/C teachings apart from mainline mission churches' theology is its emphasis on the literal reading of the Bible, where demons exist among us, witchcraft is acknowledged as an imminent threat in people's lives, and miracles do happen just in the same way as they are depicted on the Bible's pages (Anderson 2015, 64). Furthermore, and perhaps most importantly, the kingdom of God is here and now within the reach of ordinary people. You do not have to wait for the afterlife to reap its rewards unlike in the teachings of the mainline missionary churches (Lindhardt 2015a, 9). Needless to say, this is a powerful message which appeals to many as it gives individuals the feeling of control over their lives, especially for those whose lives are otherwise filled with experiences of marginalisation and constant economic struggle (ibid., 7). This is also the case with many Acholi in the political climate of Uganda, where the people's wishes rarely get transformed into political decisions with beneficial impact in their lives.

Another clear break from mainline Christianity is PC/C theology's active rejection of evil and thus also of witchcraft under which *ajwaki* and other 'traditional' healers are labelled (Lindhardt 2015b, 164). This differs significantly from the mainline churches' teachings, where the question of witchcraft is often overlooked and left largely undiscussed even though it continues to be a matter of concern in most African cultures (ibid., 173). In Charismatic Christianity, the acknowledgement of evil amongst us is brought to the fore as a constant threat in the believers' lives in the form of demons and satanic temptation that need to be constantly and actively resisted (ibid., 178–179), which places the weight of the cosmic battle between good and evil in the hands of the worshippers (Geschiere

[22] According to the 2014 census, 84.5% of Ugandans identify as Christians of which 11.1% belong to PC/C faith. In comparison, in the 2002 census only 4.7% identified with PC/C. The census shows that at the same time identification to the mainline Christian churches has been in decline (UBOS 2016, 19).

2013, 186).[23] In PC/C, the believers are given agency to combat these evil forces through intensive praying and fasting, participation in prayer sessions where members are prayed on by others as well as by openly confessing to their sins. The practice also allows the believers to ward off and seize control from the feared cosmological forces – or psychological ailments – tormenting them (Lindhardt 2015b, 178–179).

Scholars of PC/Cs have identified the churches' popularity to their promises of prosperity creation and healing (Lindhardt 2015a, 9) of which especially the latter is of interest to this thesis' arguments. Quite often the PC/C pastors can obtain a considerable following and reputation with their charisma and skills, creating a cult of personality around them. The pastors can, for instance, hold the skill of prophecy or have a healing touch, and believers are willing to travel far distances to seek help for their misfortunes from famous preachers and prophets, like some of my research participants have done. In many ways, the PC/C pastors work under God's grace, as one charismatic pastor told me that he acts as a mere vessel of God's powers which, in my view, does not set him much apart from the *ajwaki* who attribute their healing capacities fully to the spirits that they channel.

Similarly, as in the *ajwaki*'s rituals, the pastor's role is of central importance to the success of the service. A PC/C church service can last for several hours, and it builds up anticipation towards the end. The services are loud and lively with a lot of dancing and singing involved in the midst of intense praying. The pastor preaches sermons fervently, reciting the Bible's teachings which often encourage the congregants to stay on God's path and resist Satan's temptations to incite the congregation. The whole service culminates when the Holy Spirit descents among the congregation, takes over, and touches upon the congregants. This results in their deliverance – or relief from emotional bondage (Soothill 2015, 196) – where demons are cast out of the churchgoers, and they are purified from their sins. This is often accompanied by the congregants' violent thrashing, speaking in tongues, and falling down uncontrollably in church, which is known as being 'slain in the spirit'.

Deliverance is a cathartic experience which leaves the congregants feeling relieved and elevated much as the *ajwaka* rituals do. Most importantly, the healing effects of

[23] Paradoxically, the PC/C movement's rejection of witchcraft and mission to eradicate it keeps reproducing it as a constant and imminent concern in the believers' minds, which further confirms witchcraft's omnipresence (Geschiere 2013, 182). On the other hand, PC/C's ability to articulate itself within different cultural frameworks and connect with existing understandings of spiritual power also explains a large part of its popularity (Lindhardt 2015a, 15).

deliverance are instant, and in some cases, they can result in lasting change. This is clearly something that resonates with my formerly abducted research participants as 17 (89%)[24] of them have resorted to prayers in the hope of achieving healing from their psychological ailments, which is a relatively high figure.[25] Some of them have converted to PC/C faith, whereas others only visited born-again services or prayer sessions while maintaining their mainline Christian denominations.[26] To break this figure down, six out of 17 research participants reported that their nightmares and other symptoms had completely disappeared after taking part in the PC/C prayers, whereas in six cases the nightmares and other symptoms had either disappeared for a while but returned later or had reduced significantly after they had attended prayers.[27] In one case, the prayers had worsened the psychological symptoms, and in another, they had not had any notable effect.[28]

In this subchapter, I have illustrated that there exist similarities between the ritualised born-again prayer practice and the *ajwaka* rituals which are related to the role of the pastor and the *ajwaka* as mediums for their supernatural powers, the instant effects of the healing rituals as well as the protection and exorcisms that they offer from negative cosmological forces. What is also noteworthy is the similarities between the Christian demons and *cen*, as they both can cause psychological symptoms, such as nightmares, as a side effect of their possession (Lindhardt 2015b, 179). Furthermore, they are both considered as roaming spirits that prowl on unsuspecting victims who have lowered their guard due to committing sinful acts or breaking of taboos, and they both can be contracted in places deemed dangerous or spiritually potent, for instance near riversides or other marine bodies (Gifford 2015, 117).

However, it is of equal importance to note that there are also fundamental differences between the two approaches which should not be overlooked. Most importantly, *ajwaki* see as their primary task to repair relations and restore the cosmological balance, whereas

[24] However, three (18%) prayed at the mainline Christian churches instead of the PC/C (82%) ones.
[25] In comparison, this is higher than in Neuner et al.'s study (2012, 551), where 31% of their sample of former abductees reported having taken part in cleansing and reintegration rituals, 31,5% had used other traditional interventions such as herbal remedies, and 70,2% had sought help from a church or a priest.
[26] The powers of the PC/C prayers are often thought of as particularly potent even by those who do not otherwise adhere to the PC/C movement's teachings (Lindhardt 2015a, 17).
[27] There were seven cases whose symptoms had disappeared completely after attending prayers, but one prayed at the Catholic church, and eight cases who reported reduced symptoms due to prayers, but one prayed at the Orthodox and one at the Catholic church instead of the PC/C one.
[28] It is, of course, impossible to conclude whether the prayers were the reason why my research participants' symptoms disappeared, as sometimes the passing of time can be a healing factor on its own. However, to determine whether this is the case or not is not central to the arguments of this thesis which are built around the former LRA abductees' subjective experience of their own symptoms and healing. I will return to these matters in chapter 4.

Pentecostal and Charismatic Christianity emphasises the importance of conversion – a complete break from the past – which includes the shedding off and denouncement of any 'traditional' beliefs, as, for example, ancestor veneration is perceived as a heathen practice and the worshipping of false gods.[29] The abandonment and demonisation of local cultural practices can sometimes even result in and legitimise the severance of ties of the convert with their extended families (Geschiere 2013, 90; Lindhardt 2015b, 163). This, in turn, can be interpreted to further destabilise the cosmological balance, or social harmony, of the Acholi society.

Therefore, there exist elements in these two world views that simultaneously intertwine with one another and pull each other apart. However, these overlaps and contradictions are precisely the mechanisms that allow the incorporation of PC/C teachings into non-Christian cosmologies where the existence of spirits is acknowledged. Researcher Birgit Meyer (1992, 120) identifies the Devil as a boundary-defining figure who has the ability to bridge local cosmologies to the Christian world view. She argues that through the demonisation of local spirits and practices, they receive a morally negative value from which the supreme power of God protects the believers (ibid., 106, 108). Thus, in PC/C, the benevolent God takes primacy, and the local spirits – who are now attributed to Satan – are reduced to serve as the agents of misfortune as has also happened in Acholi born-again Christianity. According to anthropologist Joel Robbins (2011, 419), local spirits are often allowed to retain this role, as their newly acquired unambiguously negative presence does not interfere with the positive position that God has taken in the converted cultures. Furthermore, PC/C's focus on negative cosmological forces sets it apart from mainline Christianity, as instead of focusing on personal sin, the misfortunes and evil deeds of believers are externalised (Meyer 1992, 114). This corresponds well with Acholi illness explanations, making PC/C churches more meaningful places than mainline churches from where to seek treatment for war-related symptoms.

Next, I will give a brief overview of the emergence of Christianity in Acholiland and the religious synthesis of the local and Christian beliefs to better explain the contemporary Acholi world view's incorporation of Christian influences as well as my research participants' movement back and forth between the two healing practices.

[29] The Bible says: "You shall have no other gods before me. You shall not make for yourself an image in the form of anything in heaven above or on the earth beneath or in the waters below. You shall not bow down to them or worship them; for I, the Lord your God, am a jealous God..." (Exodus 20:3–5, New International Version).

2.3.2 Intertwining of the Christian and 'traditional' Acholi world views

The introduction of Christianity in Acholiland in the wake of Uganda's colonisation put in motion complex processes of accommodation and adjustment in the Acholi cosmology (Behrend 1999, 22; Harlacher 2009, 40). As a result, the majority of Acholi identify today as Christians, but the local values and cultural understandings keep shaping the interpretations of Christian teachings (Harlacher 2009, 40). However, before I move on to examine the origins of Christianity in Acholiland, I would like to draw attention to researcher Henni Alava's (2017, 52) notion that religious syncretism is a normatively laden analytical term as all religions which operate within any cultural settings are by definition syncretistic whether we are discussing the Acholi 'clan practice' or Christianity in its different forms. This is why I abstain from using the term 'religious syncretism' to express the manner in which the two originally separate world views – one imported by the European Christian missionaries and the other predating colonisation – have over time become fused and embedded in the contemporary Acholi world view, which in turn has blurred the ontological boundaries between the two practices in the sphere of healing.

In order to understand these processes, we need to look at the language with which Christianity and its concepts were first introduced to the Acholi. The missionaries who were sent to proselytise the Acholi people had to find appropriate Acholi Luo terms to equate with the Christian concepts to be able to preach about them. This posed a problem with the Acholi who did not have a clear-cut concept for an omnipotent deity equal to how God is understood in Christianity. Instead, the Acholi cosmology acknowledged the existence of plural *jogi*. However, the missionaries insisted upon selecting a supreme being from among the *jogi* to be promoted as the equivalent of Christian God. Therefore, and apparently partly because of a mistake in translation, the term *(jok) Lubanga* (also *Rubanga*) – a not-so-benevolent *jok* responsible for spinal tuberculosis – was selected to represent God, and the other *jogi* were reserved to represent Satan in Christian theology by the name of *jogi satani* to complicate matters even further (Alava 2017, 53–54; Behrend 1999, 22).

In a similar manner, the Holy Spirit became known in Acholi Luo language by the concept of *tipu maleng,* which stood for both the third person of the Trinity and the local notions of benevolent, 'clean' spirits, which muddled the connections between Christianity and the pre-Christian Acholi practices further, as Allen (2006, 153) notes (see also Behrend 1999, 23). Satan, on the other hand, became known as *tipu marac* (bad spirit), a term

which also encompassed *cen* (Allen 2006, 33). Nowadays, there are various ways to discuss the Christian God and the benevolent Acholi spirits which include concepts such as *tipu maleng*, *jogi maber* (good spirits), and *malaika* (angels). Furthermore, to distinguish between the negative cosmological forces – Satan, demons, and evil spirits – words like *tipu* or *jogi marac* (bad spirits), *satani*, *cen*, and so forth are used often interchangeably (Allen 2006, 33).

This is something that puzzled me during my fieldwork, as in my mind the Acholi spirits and Christian cosmology still belonged to separate ontological categories. However, during the interviews with my formerly abducted research participants, I noticed that they sought readily help for their psychological ailments from both the local and Christian belief systems even when it contradicted their own religious affiliations. I found it extremely intriguing when someone who identified as a staunch Christian was happy to seek help for her demons from the *ajwaki* or for his *cen* possession from the PC/C church, especially as the symptoms were often translated to me simply with the all-encompassing term 'evil spirits'. I relentlessly asked questions from Isaac about the Acholi cosmology, as he had assumed the role of my patient teacher in things that most Acholi learn already as children. He recounted me a story about the *cen* and Christian God that, according to him, is taught to most Acholi already in childhood, which is not surprising considering the moral of the story. Isaac's story goes as follows:

> When we were young, this doctrine has been passing around that God created the earth. But before he created the earth, he had given birth to two sons. One was called Satan, one was Jesus Christ – not any other Jesus, but Jesus Christ. But later, Satan was a very bad child. He used to misbehave around. Just like any other parent, if you have a child who is too cunning and he doesn't listen, you send him away from home. In our tradition, we [Acholi] always send those who misbehave and cause harm to other people to go off home and to look where they can stay. Now, Satan was sent to come back to earth while God and Jesus Christ were in heaven. Jesus was left there, and Satan came back to the earth. Now up to today he still disturbs people. [...] Satan is now the *cen*. We believe that he is the *cen* – and Jesus Christ can be like the *jok*.

In my view, this story is a good example of how deeply the notions of Christianity and Acholi cosmology have intertwined into each other over time, especially when this story is told in Acholi Luo and the words used for Satan, Jesus, and God can be translated and conceptualised in multiple ways. No wonder then that my research participants did not

see any contradiction in their search for healing from different instances. As Harlacher (2009, 40) remarks in his PhD dissertation on trauma in Acholiland, when one examines the concepts of 'traditional' Acholi cosmology today, one is inevitably confronted with limits of understanding that arise from the long period of interaction and mutual influence of 'traditional' and Christian beliefs. This is why I think that narrowing down the scope of this study to one or the other of these two cosmologies would have been somewhat artificial.

Victor and Porter (2017, 590–591) help us understand the puzzle of the evil Christian and Acholi spirits further in the context of trauma and healing with their conceptualisation of the idiom 'dirty things' – or *ajwani* – an umbrella term used by the Acholi for all "stuff of a polluted cosmos". This means that *ajwani* encompasses all forms of cosmological transgressions brought forward by the breaking of taboos or deviance from normative behaviour by tying together *satani*, demons, and *cen* as well as other agents of misfortune (ibid., 594). The *ajwani* is a useful term as in it manifests the uncertainty and doubt felt by many sufferers about the cosmological origins and nature of their afflictions which, despite all ambiguity, demand actions to overcome them (ibid., 595). The actions and remedies chosen are in turn affected by the sufferer's personal conviction, subjective experience of the cause of the illness, the consulted cosmological expert's (*ajwaka* or pastor) views on the matter as well as the close relationships' – especially parents' and spouses' – influence and opinions on the best way forward (ibid., 599).

This is the case with my research participants as well since they needed to navigate the wishes and demands of others before they could engage in any form of treatment to find out which cosmological forces were bothering them. I return to these matters in chapters 4 and 5, but before that, I will further examine the theoretical framework of trauma and subjectivity through the three-dimensional concept of inner subjectivity, structural subjugation, and intersubjective relations and explain what I mean when I discuss war trauma or psychological after-effects of war experienced by my research participants. The anthropological study of trauma has shown that it is not a clear-cut term, but instead, trauma encompasses a plethora of different sociopolitically, historically, and culturally embedded meanings which need to be taken into account when using the term for research purposes. I will next turn to these topics.

3 Subjective experience of trauma in Northern Uganda

"You see, people who have been exposed to the war,
well, some of this violence can affect them,
stick with them, like a rash on the soul.

—

They bring the war back home with them –
they become more confused, more violent, more dangerous,
and so too does the whole community." [30]

The above quote portrays a cross-culturally shared reality of trauma in the words of a Mozambican healer. Trauma is a condition that affects individuals and is deeply rooted in their personal, subjective experiences, but at the same time, it has a collective dimension. Violence and confusion are rarely confined within the affected person alone – the Acholi *cen* can spread to the whole lineage and even over generations, whereas in the Euro-American cultures wars and disasters are perceived to traumatise entire nations and its collective memory can be passed on from one generation to the next. In both cases, the inner experience spills out and gets entangled in the web of intimate relationships, moral economy, and sociopolitical power structures within the wider community. In the previous chapter, I explained how trauma symptoms are conceptualised within the Acholi context. In this chapter, I first examine what has been said about trauma and subjectivity in anthropological literature and the different meanings that trauma has acquired in the Euro-American context before defining what I mean by trauma in this thesis. From there, I move on to explain how my research participants themselves understand the origins and make meaning of their war-related symptoms.

3.1 Trauma in anthropology

Trauma is a complex term. When we discuss it, it means different things to different people in different contexts. Trauma is what anthropologist Claude Lévi-Strauss (1987 [1950], 63) has called a floating signifier – it is so laden with different meanings that it means everything and nothing at the same time – which makes it elusive to comprehensive definitions (Fassin & Rechtman 2009, 277). On the one hand, trauma means the inner processes of individuals, but on the other, it's linked to structural violence and social relationships. Sometimes these different elements are discussed

[30] Excerpt from Carolyn Nordstrom's fieldwork diary (1995, 146–147).

simultaneously, sometimes only one receives attention, which often results in theoretical debates. In this subchapter, I examine the different dimensions of trauma and their relation to the theoretical concept of subjectivity, which both represent different sides of the same coin – the first being a manifestation of the latter. Before I move on to examine the external and interpersonal aspects of trauma, I will first introduce the anthropological discussions surrounding the psychological dimension of the subjective experience of war trauma.

3.1.1 Trauma as inner subjectivity

In anthropology, it has become popular to examine illness and affliction through the theoretical framework of subjectivity, as they are conditions which are firmly located within the psychological and embodied experiences of a person even though at the same time these experiences are always linked to and shaped by the world outside of the individual. One reading of subjectivity perceives it as "the ensemble of modes of perception, affect, thought, desire, fear, and so forth that animate acting subjects" (Ortner 2005, 31). Thus, subjective experiences are thought to dwell deep within the structures of the mind and individual emotions, and therefore they cannot be accessed experientially by anyone else. This makes subjectivity a much broader concept than trauma or *cen*, as it encompasses the whole socio-culturally constructed perception of what it means and feels to be a human confined within the boundaries of a single person. In this thesis, I present war trauma as one particular manifestation of human subjectivity, which allows the conceptualisation of these abstract inner processes within the concrete experiences of war-related symptoms of my research participants.

Most anthropologists agree that trauma, as we understand it today, holds both universal and relative aspects. Universal, as different manifestations of it can be found in most cultures where experiences related to war and other forms of violence can lead to cross-culturally shared, embodied physical and psychological symptoms in its sufferers (see, e.g. Fassin & Rechtman 2009, 7; Summerfield 1999, 1454; Young 1995, 10). These symptoms are related to universally recognised emotions such as fear and anger (Luhrmann 2006, 349), which in turn cause palpitations, sweating of palms, violent behaviour, and so forth. Relative, as different cultures make meaning of these symptoms in very different ways as the examples of post-traumatic stress disorder and the evil Acholi spirits show. Anthropologist Sverker Finnström (2006, 55) notes that as human beings we have a need to understand our surrounding reality as well as to name and tame

threatening phenomena regardless of our cultural backgrounds. Thus, both psychiatric diagnoses and spirit possessions are culturally meaningful ways to verbalise experiences that deviate from our understanding of normal existence (ibid.).

We need to keep in mind that the term trauma is not above culture, but it reflects the Western world view and Euro-American medical tradition as equally as its northern Ugandan counterpart is rooted in Acholi cosmology. However, as the Euro-American medical discourse has gained a hegemonic status and Western trauma interventions have been administered globally in Uganda and elsewhere, the psychological understanding of PTSD has become the main cultural idiom when discussing trauma-related stress (Moghimi 2012, 29). As such, it has also been exported to the post-conflict Acholi context in the form of CBT- and NET-based psychosocial counselling introduced in the previous chapter. Thus, in order to understand what is meant by the term trauma in the English language, we need to examine its evolution in the cultural context where the term originally emerged. This shows that the word trauma holds an ambiguous meaning shaped by its affiliation to the Euro-American medical and psychiatric history from which it has seeped into the everyday language of lay people, where it has adopted the meaning of all deeply distressing and disturbing experiences (Fassin & Rechtman 2009, 2, 213) as its contemporary English definition reveals.[31]

The origin of trauma's psychological roots can be traced back to the nineteenth century, and its evolution has closely followed the development of Euro-American psychiatric sciences (Kienzler 2008, 219). However, the illness category of post-traumatic stress disorder is a relatively recent 'invention', as it was given official disease status in 1980 when it was first named and treated among Vietnam War veterans in the United States (Young 1995, 94, 108). What separates PTSD from other mental disorders is the traumatic event which is defined as the sole aetiological cause of trauma (Fassin & Rechtman 2009, 84; Moghimi 2012, 31). Anthropologist Allan Young (1995, 113–114) argues that the significance of the traumatic event was linked to the need to find a way for the Vietnam veterans to claim compensation for their war-related psychological symptoms which was

[31] This triple meaning of trauma as a medical, psychological, and colloquial term is visible in its contemporary definition in the Oxford dictionary (Oxford living dictionaries):
"Trauma (noun)
1. A deeply distressing or disturbing experience: 'a personal trauma like the death of a child' [mass noun] 'many experience the trauma of divorce'
1.1 [mass noun] Emotional shock following a stressful event or a physical injury, which may lead to long-term neurosis; 'the event is relived with all the accompanying trauma'
2. *Medicine*. Physical injury; 'rupture of the diaphragm caused by blunt trauma'"

not possible within the existing diagnostic categories at the time. This means that trauma is as much a result of social change and political negotiations as it is of medical advancement. This makes it a sociocultural and historical construction embedded in the individualistic world view of Western cultures rather than a timeless fact constituted within human biology, as psychiatrists have claimed (ibid., 5; Moghimi 2012, 30).[32]

Therefore, trauma – and especially the diagnosis of PTSD – have been criticised and contested within the field of anthropology for its psychological ethnocentrism and Euro-American bias. Because of PTSD diagnosis' inherent cultural embeddedness, it is sometimes found to be incompatible with different cultural understandings of war-related psychological symptoms and their appropriate treatment. Anthropologist Arthur Kleinman has coined the term *category fallacy* to describe the application of Western psychiatric diagnoses to cultural contexts where symptoms of existing medical conditions are identified but not considered relevant (Kleinman 1977, 4; Moghimi 2012, 33). The fallacy is two-fold, as it not only fails to take into account how symptoms are understood in the local setting but also that they might not carry the same level of salience as in Western cultures, as elsewhere trauma symptoms are not necessarily thought of as psychopathological conditions or in negative light (Marsella 2010, 19; Moghimi 2012, 33). For this reason, the application of PTSD in different cultural contexts has been questioned by anthropologists (see, e.g. Bracken 1998; Summerfield 1999), especially in cultures where the cause of trauma symptoms is perceived to lie in the spiritual realm instead of the human psyche or the traumatic events central to the model of PTSD.

PTSD's cultural boundedness becomes clear when we compare the Euro-American understanding of trauma and its relation to the traumatic event to the Acholi spirit possessions, where the possessed might be able to address a specific situation when they believe that the spirit has entered them. However, in these cases, it is not necessarily the traumatic event itself that is considered as the decisive moment. Instead, the spirit can be caught for example by seeing a ghost but failing to greet it in the proper manner or otherwise failing to pay respect to it, thus bringing anger to the spirit. Therefore, certain events can play a role, but it is the continuous possession of the spirit that is responsible

[32] Similar arguments of social constructedness have been raised on the concept of subjectivity in general (Blackman et al. 2008, 14; Ortner 2005, 33) and in the context of PTSD in particular (Kleinman & Fitz-Henry 2007, 63–64), where the emergence of the PTSD diagnosis is used as one example of how PTSD's sociopolitical constitution has shaped our understanding of our experience of trauma and the painful memory attached to it, which in turn has blurred the line between the self and the world, the physical and social body as well as subjectivity and intersubjectivity.

for the symptoms and not one specific event that is remembered time and time again as is the case with PTSD. If we look at the northern Ugandan context in particular, it is clear that Western trauma interventions are limited in their ability to address spiritual causality in a meaningful way, whereas in the more culturally inclusive approaches of *ajwaki* and born-again pastors the causality is brought to the centre of healing.

This is precisely because PTSD is developed within the Euro-American context which does not acknowledge the existence of spirits. Therefore, its treatment of trauma is predominantly focused on the individual, psychological dimension of subjectivity instead of its relational, intersubjective aspects. The differences become apparent when we examine how the subject is constructed within the two cultural contexts. In Euro-American cultures, the individual is understood as a closed entity where all feelings and experiences arise from within the person and cannot, thus, be permeated by external influences, whereas in the Acholi culture the individual can be manipulated by supernatural forces who have the ability to access and alter the interior experience of subjects (Smith 2012, 59). In terms of trauma, this becomes visible when we examine the symptoms which in the Euro-American understanding cease to exist along with the person since they stem from deep within the mind. However, in the Acholi understanding, the illness agents continue to exist in the world and prey on new hosts regardless of whether the individual trauma-sufferer dies or not.

This idea of spiritual causality is shared by many African world views – the Acholi among them. Anthropologist Tim Allen (2006, 31) explains that the belief in spiritual causality does not mean that the Acholi would not understand empirical causality as well, but that explanations for misfortune are pluralistic, as the Western medicine is ill-prepared to answer questions of why for instance a person's child died of malaria but not the neighbour's.[33] The Western world view is inclined to explain such occurrences through the concepts of coincidence or bad luck, which is not necessarily a satisfactory answer for someone who has incorporated the idea of spiritual causality in their world view.

[33] Allen's example follows the classic anthropological example formulated by E.E. Evans-Pritchard in his work *Witchcraft, Oracles, and Magic Among the Azande* (1976 [1937]) about the differences of magical and scientific world views. In Evans-Pritchard's example, a man dies because a granary falls on him. The Azande agree on the role that the granary played in the death but suspect spiritual intervention, as it would explain why it was this particular person at this particular moment who was sitting under the granary when the accident happened instead of someone else. In most cases, according to Evans-Pritchard, the Azande attribute the true cause of the misfortune to witchcraft (ibid., 22–23).

In spite of the PTSD diagnosis' failure to address the concerns of spiritual causality, trauma therapy has been readily administered within the Acholi context. The Euro-American medical tradition's hegemony is acknowledged and favoured by the Ugandan government which promotes psychosocial therapy over local healing practices as the formal treatment for war-related trauma symptoms offered within the framework of public healthcare. At the same time, the government struggles to allocate enough resources to the public sector for it to be able to provide meaningful psychological care for these symptoms. Therefore, the Euro-American healing practice's focus on the self and the inner aspects of subjectivity ignores the fact that the personal experiences of trauma and the suffering it causes cannot be isolated from the wider community or be examined without taking into account the structural, political, and economic dynamics in society that determine the boundaries within which the trauma-sufferers can seek treatment for their ailments. Next, I turn to examine this dimension of subjectivity.

3.1.2 Trauma as structural subjugation

So far, we have established that it is impossible to examine subjectivity – and its different manifestations – outside of the context in which it was born. Subjectivity emerged into the academic discourse in the 1960s, and it has been theorised from multiple sides ever since (Blackman et al. 2008, 1). Individuals and their inner processes are an important part of the discussion, but most attention has received the individual's relation to political power and structural violence, as the micro level transformations of a person are often consequences of macro-scale social and political changes (Kleinman & Fitz-Henry 2007, 54). However, in order to understand the micro level, we need to pay attention to the global and local processes that shape the communities and those taking part in them, as in addition to being the subject of one's own experiences, subjectivity entails subjection to power and moral agency (Lambek 2002, 25). Therefore, for some researchers, subjectivity means first and foremost cultural and historical consciousness of the subject's own condition (Ortner 2005, 34) instead of individual experiences emphasised by others (Kleinman & Fitz-Henry 2007, 52).

Das and Kleinman (2000, 1) note that this dimension of subjectivity is produced through the experience of violence and the manner in which global flows of images, capital, and people become entangled with local logics of identity formation. In the case of former LRA abductees, their personal histories are entangled in much larger social processes of war, violence, and displacement linked to the political and historical trajectories that led

to the northern Uganda conflict and their abduction in the first place. The abductees became subjugated first under the LRA's powers and later, when they returned home from the war, under the Ugandan government and its policies. These trajectories have imprinted on the former abductees the identity of *olum olum* (people of the bush) used in a derogatory manner to describe the returned LRA combatants whether they themselves agree to it or not. Furthermore, without their abductions and participation in the conflict, my research participants would likely not be suffering from the same psychological after-effects of war that they are now experiencing.

In terms of trauma, the individual histories of former abductees, symptoms they suffer from, and their search for healing are closely related to the discussions of individual agency and its boundaries within local and global arenas. The state, international organisations, and global media all play a role in the creation, maintenance, and soothing of violence imposed on individual subjects (Das & Kleinman 2000, 2; Dolan 2009, 226, 229). One way to control subjective agency is to claim the right to the narratives told about the subjects of violence and war. On the global scale, the Western-based humanitarian interventions and media coverage have the power to create moving narratives of conflicts and the plight of those trampled under its feet to mobilise donations and raise awareness of the experiences of war-affected populations. In spite of good intentions, especially in the realm of global health and trauma interventions, these well-meaning yet essentialising narratives have subjected the former abductees into the narrow category of traumatised victims (Verma 2012, 452) which does not necessarily reflect the abductees' subjective experience of their own situation.

In order to understand how this narrative emerged in the humanitarian discourse, we need to look back at the evolution of PTSD diagnosis and the broadening of trauma's meaning in the Western context. Part of the need to create a new diagnosis for trauma symptoms came from the previous trauma-related diagnoses stigmatising aspect, as they attributed the experience of trauma to weak personality traits (Fassin & Rechtman 2009, 77). The promotion of the traumatic event as the sole aetiological cause of PTSD allowed the exoneration of trauma sufferers of all personal responsibility for their own traumatisation and thus raised the stigma off their shoulders (ibid., 86–87). In the process, trauma became a manifestation of the survivor's humanity and endurance in the face of unimaginable threats, making trauma a normal reaction to an abnormal situation while acknowledging the victimhood of all trauma sufferers (ibid., 19–20, 87). This narrative

was then appropriated by the humanitarian discourse, which eventually lifted the term from its scientific and medical roots and planted it in the moral sphere of victimhood and suffering (ibid., 130, 141). Anthropologists Fassin and Rechtman have called this reconceptualisation of trauma as painful memory as a major anthropological phenomenon of contemporary society (ibid., 15).

These developments have had several consequences for the Western understanding of wars and violence which in turn has affected the representation of the former LRA abductees and other war-affected populations. Fassin and Rechtman (2009, 160) note that before this change in the meaning of trauma, the focus on violence in conflicts and disasters was more on the resistance of fighters than on the resilience of patients. Those who were campaigned for were seen as the oppressed and heroes instead of victims, but after trauma's 'reinvention' the focus turned from the nature of social movements to the experience of suffering (ibid.). This new narrative better acknowledged the pain that was suffered by people living in the midst of war, but at the same time, the status of victimhood became something difficult to shed once it has been attached to certain groups regardless of how these groups themselves feel about their own position (ibid., 279).

From this framework, it is understandable that when the experiences of former LRA abductees are discussed in public, it is difficult to avoid speaking of trauma, as the former abductees often get labelled under the category of child soldiers in the media and humanitarian discourse despite the fact that not all combatants were minors during their abduction.[34] It is difficult to imagine anything more harrowing than a child abducted to wage war without them becoming traumatised down to the core. The downside of this narrative is that it collapses the multitude of subjective experiences under one single narrative of collective, passive victimhood even though the experiences of abduction and captivity differ significantly from each other (Mergelsberg 2010, 158; Verma 2012, 447). Furthermore, many former combatants acknowledge their complex role simultaneously as victims of their abduction but also as active perpetrators who have knowingly transgressed moral boundaries in situations where they have had a choice to act differently, sometimes even taking pride in it or enjoying it (Mergelsberg 2010, 171–172; Whyte et al. 2015, 54).

[34] The Lord's Resistance Army and its leader Joseph Kony are represented in the international media often in simplistic terms which reduces the political uprising into Christian fundamentalism fought by innocent children and Kony into a cult leader and a madman (see e.g. Dolan 2009, 238; Finnström 2008, 108–112; Mergelsberg 2010, 171, 156; Schomerus 2010; Whyte et al. 2015, 43–44).

This narrative of victimhood in relation to trauma has received criticism from several anthropologists. Kienzler (2008, 222) reminds that distress and suffering are not always pathological responses to traumatic events, but they can be normal existential states under war conditions, and it should be remembered that not all people undergoing distressing events become traumatised or develop PTSD, which is also the case among the majority of former LRA abductees.[35] Summerfield (1999, 1454), on the other hand, raises the issue that even though some people can suffer from trauma symptoms they can at the same time be well adjusted to their lives and actively engage in their social realms instead of becoming passive victims. He also argues that it is common for war-affected populations to prefer to direct their attention to the devastated social worlds instead of their inner mental processes, and they should be allowed to maintain ownership of their narratives instead of rendering them mentally ill with Western psychiatric authority or victims by the humanitarian aid organisations (ibid.).

In some cases, there is evidence that the victim narrative promoted by humanitarian organisations has been counter-productive for the former abductees' reintegration when they have been singled out as the sole beneficiaries of the humanitarian interventions motivated by the idea of child soldiers as the ultimate victims of war. This has resulted in favouring them over other, mainly civilian, groups of people who have been equally affected by the war but were left outside of any help or benefits because they lack an equally compelling story, as told to me by Acholi professionals working in two local NGOs. This, in turn, has created feelings of resentment towards the former abductees among some Acholi which has led to the abductees' further stigmatisation, especially as the atrocities committed by the LRA combatants were usually the reason behind other civilians' suffering. Thus, the humanitarian narrative has partly contributed to the creation of the same issues which the humanitarian interventions – and the creation of PTSD diagnosis itself – have tried to tackle.[36]

[35] According to psychological studies conducted among the Acholi, approximately 12–29% of the general population and 32–37% of former LRA combatants were identified to suffer from PTSD or other forms of trauma-related stress (Dokkedahl et al. 2015, 5–6; Winkler et al. 2015, 5).

[36] Dolan (2009, 243) argues that in northern Uganda both local and international humanitarian aid organisations have been complicit in the social torture of the civilian Acholi during and after the war, as the NGOs play an integral part in enabling, legitimising, and contributing to the system of social torture. Finnström (2008, 156) discusses similar issues in his book, where he also provides an illustrative example of how the relief distributions by the Red Cross contributed to the continuation of the conflict dynamics.

As the years have passed on since my research participants' return to civilian life, the dynamics of their subordination to external powers has changed. Today, the former abductees are less exposed to direct humanitarian interventions and state domination than upon their arrival from the war. The present-day subjugation comes in much subtler and all-inclusive forms of structural violence experienced subjectively by my research participants and collectively by the wider community alike. Economic hardship, lack of healthcare and other public services, and feelings of marginalisation are all limiting my research participants' ability to tackle their psychological problems within the contemporary Ugandan society. However, even though the global and national forces unquestionably play a role in the formation of the former abductees' subjective experiences, it is important to acknowledge how the immediate local worlds can modify the effects of these large-scale political and economic forces either by intensifying or diminishing their outcomes (Kleinman 2000, 239). In the case of my research participants, the intersubjective family relations and Acholi social norms create boundaries and influence the ways in which my research participants have sought help for their symptoms.

3.1.3 Trauma as intersubjective relations

Distressing experiences stem from individual subjectivity, but they are influenced by structural forces operating beyond the subject's powers. Yet these experiences are not endured alone, as they are interwoven in the fabric of intimate relationships, networks, and moral principles attaching the individual to wider society. This fabric consists of safety nets that catch the person when they fall as well as the moral and normative rules and obligations that guide the individuals in their relationship to others and the afflictions that are bothering them. In the studies of subjectivity, those focusing on the self and the inner processes of persons have been criticised for failing to take into account the social constructedness of selfhood and personhood, thus imposing the Western idea of individuality in sociocentric cultures where it does not belong (Smith 2012, 50). Others have deemed this debate outdated since individualistic behaviour can be found in collectivistic cultures and vice versa (Luhrmann 2006, 345).

Anthropologist Karl Smith (2012, 57) suggests that we look at the subject as more or less porous (sociocentric) or buffered (egocentric), where individualistic and collectivistic societies exist on a continuum rather than in a dichotomous relationship. He argues that the idea of the individual in egocentric societies as fully buffered is an illusion, as human

beings become persons through socialisation, which entails porosity towards the world, social others, nature, and mysteries of existence, making the closed, 'buffered' subjectivity a learned cultural trait which could not exist without our inherent openness (ibid., 57, 59–60). This allows the interpretation that all cultures share aspects from both ends, but they are emphasised in different measures in different cultures (ibid., 58).[37]

I consider this a valid debate. However, entering this discussion at length is beyond the scope of this thesis. For present purposes, I hope it suffices to say that in case of war-related psychological symptoms experienced by my Acholi research participants – and in the case of any form of suffering experienced by anyone – there is always an embodied part of the affliction that is reserved only for the person experiencing it whether we live in an individualistic or collectivistic society. However, in many other ways, these experiences find their meaning in intersubjective interaction with others, and the significance of this relational dimension and sociality is usually emphasised over personal feelings among the Acholi. For instance, experiences of illness are often described in terms of how they affect the person's ability to act and interact with others rather than reflecting on their personal feelings (Whyte et al. 2014, 234). In terms of war-related symptoms and other ailments, it is often the parents, spouses, or other close relatives that take the first initiative to find help for the psychological problems from which my research participants are suffering. In many cases, it is also the family members who first recognise the psychological symptoms caused by *cen* or *ajwani* instead of the individuals suffering from them, as Meinert and Whyte note (2017b, 22).

In many ways, the relational dimension of intersubjectivity becomes entangled in the micro level power relations which are embedded in the moral order and normative codes of society reflected in the conscience and agency of subjects (Werbner 2002, 2). The Acholi society is formed around the principles of patriarchy, and the respect for elders is high. Therefore, my research participants seldom showed any inclination to act against their parents' wishes or voiced opinions that went against the elders' will in terms of which treatment to choose, which created the boundaries within which the symptom sufferers operate. This is true not only in the case of my research participants or other

[37] If we apply Smith's classification of the ego- and sociocentric subjects to the understanding of trauma, the Euro-American model sits at the buffered end, whereas the *ajwaka* and born-again models occupy the porous end of the continuum. However, as I will explain in the following subchapters, the understanding of illness is not rigid among the Acholi. Instead, various symptoms can be perceived either as inner, buffered experiences or relational, porous conditions depending on how they respond to different treatments. I will return to this topic at length in chapter 5.

former abductees, but it is a wider phenomenon in Acholi society, as Porter (2017, 158) notes similar tendencies in rape victims seeking punishment for their assaulters. In most cases, the religious convictions of my research participants' relatives were the biggest reason for them pursuing – or not pursuing – a particular treatment for their symptoms. These were decisions which my research participants rarely questioned even in cases when they had spouses and children of their own and had thus acquired a full social standing in society.

Furthermore, interaction and intersubjectivity stretch beyond the intimate family relations, as the war-related psychological symptoms themselves anticipate the creation of new interpersonal connections. These relationships are established with those offering treatment, and they are guided by reciprocal needs shaped by monetary transactions, trust, and faith in exchange for healing powers and eradication of ailments (Victor & Porter 2017, 600–601; Whyte 2002, 184–185). In addition, the afflicted person is in a continuous intersubjective relationship with the agents of misfortune who have invaded the space of inner subjectivity whether they are of spiritual or profane origin (Whyte 2002, 176). And yet, there is the wider community of neighbours, in-laws, and other community members who are keen to speculate on the origins of the affliction which – especially in severe cases of trauma symptoms – is often visible to the outside in behaviour that deviates from the norm. These relationships can either be supportive or disapproving of the affected person's plight which can affect the symptom sufferers' feelings of approval and ability to partake in the surrounding community. I argue that this, in turn, can have positive or negative consequences on the affected person's psychological condition and recovery.

Anthropologist Rebecca Lester (2013) has studied trauma from this relational aspect. She argues that the experience of trauma is first and foremost a relational injury. It breaks the individual's connections to others, as traumatisation affects the trauma-sufferers' basic sense of safety and leads to their loss of agency which results in the unmaking of their worlds (ibid., 754). Thus, trauma is seen as a continuously re-experienced rupture in the social fabric rather than a response to a particular event (ibid., 759). According to Lester, the way to recover from trauma happens by rebuilding the broken social bonds of the traumatised person which leads to the remaking of their ruptured worlds (ibid., 760). Therefore, in order to understand trauma, it is important to focus on relationality and to repair the immediate lived reality of the person suffering from trauma symptoms while

acknowledging the role that the inner processes and structural constraints play in their creation (ibid., 760).

In anthropology, the study of trauma has mainly focused on the condition's different manifestations in other cultures from the Western one, and therefore also the relational, intersubjective dimension has received more attention than in mainstream psychology where trauma studies are predominantly centred around trauma-related disorders' prevalence in individuals. To better encompass the multidimensional subjectivities in the experiences of violence and suffering across cultures, anthropologists have created alternative, more inclusive readings to trauma in contrast to the Eurocentric model of PTSD (Kienzler 2008, 224–225; Moghimi 2012, 33–34). These readings acknowledge traumatic experience's social complexity and the condition's link to larger sociopolitical processes as well as caution in using the term for its inherent ambiguity and sociocultural constructedness. The experience of war-related psychological symptoms of my research participants are equally complex and layered, and as such, they need to be examined in the context of all three dimensions – inner subjectivity, structural subjugation, and intersubjective relationships – discussed in this chapter.

However, in recent years, anthropologists have put more emphasis on studying the macro level processes in the structural dimension (Lester 2013, 753–754), whereas in the following chapters of this thesis I will mainly focus on the subtler, relational forms of intersubjectivity, as the psychological symptoms of my Acholi research participants are predominantly perceived to be caused by either demons, *cen*, or the ambiguous *ajwani* which entail an intersubjective relationship to the spiritual agents whose intentions and origins are always shrouded in a cloud of doubt and uncertainty (Meinert & Whyte 2017a, 272, 274; Victor & Porter 2017, 595). These spiritual relationships are then mediated through this-worldly relations of treatment providers and relatives hoping to mend broken relationships in order to restore social harmony in society. I will return to how these relationships influence and become entangled in my research participants' search for healing in chapters 4 and 5. Before that, I will define what I mean by the ambiguous term 'trauma' in the context of this thesis.

3.2 Definition of trauma in this thesis

When I started building the theoretical framework for this thesis, I tried finding ways to avoid using the concept of trauma. Partly this is because I felt that it carries the heavy

baggage of its inherent ambiguity in the English language and notions to victimhood, and partly because I felt that trauma in the context of *cen* or demon possessions would be too lightly interpreted as a synonym for post-traumatic stress disorder. This can be, but is not necessarily, the case with my research participants as PTSD has strict diagnostic criteria which I doubt that most of my research participants would meet today. For this reason, I have so far in this thesis deliberately refrained from using the word trauma when I have discussed the symptoms experienced by my research participants. I have described them as 'psychological problems', 'psychological after-effects of war', or 'war-related symptoms' rather than 'trauma' in order to avoid clear-cut comparison with their Euro-American counterpart which, in my view, overemphasises the inner aspect of subjectivity while downplaying the intersubjective dimensions to which anthropologists have drawn attention in their studies.

Caution in the use of the word trauma does not mean that I think we are speaking of two entirely different things when we are discussing Acholi spirit possession and trauma, for I do believe that both the spirits and trauma are ways to articulate the same phenomenon in two different world views despite the differences in their cultural manifestations. However, as a wealth of research conducted among the former LRA abductees has been specifically built around the concepts of traumatic stress (see, e.g. Harlacher 2009) or PTSD (see, e.g. Meinert & Whyte 2017a; Meinert & Whyte 2017b), I feel that without further elaboration this assumption would be applied to this thesis as well. However, as already explained in the previous chapters, in this thesis I am primarily interested in the subjective experiences of war-related symptoms and the ways in which my formerly abducted research participants conceptualise them instead of trying to fit these symptoms into any pre-existing mental illness categories. This is why I feel it is important to clearly define what I mean by trauma in the context of this thesis before applying it to the experiences of my research participants.

This being said, I do not intend to entirely distance myself from the Euro-American psychological understanding of trauma, as there are notable similarities in symptomatology between PTSD and Acholi spirit possessions[38] even though some differences also exist, as Harlacher's study (2009, 246–248) shows. For instance nightmares, sensory triggers, hallucinations, dissociation, inability to control violent

[38] However, it should be noted that not all Acholi spirit possessions are related specifically to trauma symptoms, but it is a wider phenomenon that takes different shapes and meanings in different contexts.

outbursts, urge to kill, and avoidance of potential triggers and memories belong to the symptomatology of PTSD, while at the same time they are symptoms reported by my research participants.[39] It suffices to say that there exists a clear connection between the two conditions despite cultural variation, which is why I feel that war trauma can be used as a descriptive tool in the context of this thesis to depict war-related symptoms that exist in both cultural contexts. However, I would rather contrast the Acholi spirit possessions discussed in this thesis with traumatic stress than PTSD, which is a vaguer term that effectively describes the same phenomenon without the baggage of its clinical background, as it is not used as an official diagnostic term in psychology.

Nevertheless, several aspects hinder my enthusiasm to use the term trauma with my research participants. One is the tension that exists between the scientifically oriented, hegemonic trauma discourse embraced by the local and international trauma-focused NGOs operating in Acholiland and the informal avenues of healing preferred by my research participants. I encountered several cases in which the attitude of mental health professionals towards the other available forms of healing – especially the *ajwaki* – was condescending, as the local healers were mainly seen as charlatans and clients using informal services were deemed as ignorant and in need of sensitisation. This suggests that the *ajwaki*'s healing capacities would be inferior to those of the public or non-governmental health services. I would be warier to jump to this conclusion, however, as some psychological studies conducted among the Acholi (Harlacher 2009, 272–273; Schultz and Weisæth 2015, 830) and discussions with my research participants suggest that in some cases the *ajwaki*'s approach to healing can lead to lasting change in trauma sufferers, especially as the currently available trauma counselling services in the Acholi subregion are clearly insufficient in treating all patients in need of help. This means that at the moment they can only supplement the more readily available informal options.

Another notable reason is the stigmatising quality that the English word trauma has among the Acholi that I came across during my fieldwork. When I interviewed professionals dealing with trauma counselling, I was told that the counsellors of both TPO and ILA Uganda refrained from using the English word trauma to describe the conditions from which their beneficiaries were afflicted with even in cases where psychological professionals had evaluated that the clients were suffering from either PTSD or traumatic

[39] See the full diagnostic criteria of PTSD in Harlacher (2009, 45–49) or in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) used in psychiatry (American Psychiatric Association 2013, 271–274).

stress. Instead, they used concepts such as 'highly stressed', 'too many thoughts'[40], or *ajiji*, which can be translated as intense fear (Harlacher 2009, 237), flashbacks (Meinert & Whyte 2017a, 276), or bad memories that haunt one's thoughts (Victor & Porter 2017, 594) to describe the condition identified as trauma. Here is how the director of ILA Uganda explained why they abstained from using the word:

> Here in northern Uganda, it is unfortunate that war trauma came at a wrong time because the knowledge of trauma came during the HIV epidemic and war. So, when people hear the word 'trauma', it stigmatises. And we [at ILA Uganda] avoid using it because when you talk about trauma, people begin to say: "Are you saying that I am one of the former child soldiers?" – because it's not nice to be one of those. When you try to talk about it, they say: "Are you saying I'm living with HIV/AIDS? What are you talking about!" – and so we avoid using the word trauma.

Of course, in most cases, trauma symptoms were discussed in Acholi Luo with those seeking help for them, but still, these negative connotations attributed to the English word makes me uncomfortable to use it when referring to the psychological symptoms experienced by my research participants. Therefore, I rather continue using the Acholi terms of *ajwani*, *cen*, demons, *ajiji*, and so forth used by my research participants when describing their symptoms directly in this thesis and reserve the use of war trauma to discuss the larger cross-cultural phenomenon of psychological distress and symptoms that some people suffer after their participation in wars.

Furthermore, I feel that it is equally important to define what is *not* meant by trauma in this thesis. Therefore, I want to explicitly state here that suffering from trauma or other war-related symptoms does not indicate that my research participants should be treated as patients or passive victims of their psychological condition. Instead, they are actively looking for ways to alleviate their symptoms and to improve their living conditions while engaging in the society around them despite the structural constraints that living in northern Uganda as former abductees impose on them. In many ways, if the experienced war-related psychological symptoms are not overtly debilitating or directly attributed to severe supernatural possessions, most of my research participants perceive them as troublesome occurrences belonging to the everyday reality of their lives. What occupies

[40] Having 'too many thoughts' is a common way to explain various mental health problems to the Acholi in layman's terms. It is often used as a synonym of other psychological conditions as well, such as anxiety, depression, and distress which often appear in comorbidity with traumatic stress and PTSD, as explained to me by a psychiatrist at Gulu referral hospital.

most of my research participants' minds is the daily tasks of farming and making ends meet rather than their inner processes which can interfere with the daily lives but rarely take primacy over other, more immediate, concerns. Next, I examine how my research participants themselves make meaning of their war-related symptoms.

3.3 Subjective experience of 'trauma' among research participants

As noted at the beginning of this chapter, the concept of trauma resembles a floating signifier as its ambiguous meaning resonates in different ways with different people. At the same time, it can be understood as psychological disorders, physical injuries as well as deep sorrow and distress. Much in the same vein, the Acholi concepts used to discuss the psychological after-effects of war are equally ambiguous, as depending on the personal convictions of those experiencing them, the symptoms can be interpreted from various ontological angles. So far in this thesis, the Acholi notions of war-related psychological symptoms have been conceptualised within the context of demonic and spirit possessions. However, not all Acholi agree with this reading as not all symptoms are thought to carry supernatural connotations. In Acholiland, as in all societies, the widely shared sociocultural understandings are always multivocal and open for contestation (Porter 2017, 4). Hence, not all Acholi believe in the existence of *jogi* and *cen* or share the Christian world view – but most do. For this reason, the cosmological origins of war-related symptoms are sometimes questioned by my research participants as well.

As mentioned in the previous chapters, out of the 20 formerly abducted persons taking part in this study 19 participants mentioned having experienced some psychological after-effects since returning from the war. In nine cases, the symptoms have ceased over time, but ten research participants reported still experiencing some war-related symptoms to this day. Out of these 19 participants, 13 attributed their symptoms to some form of cosmological pollution and six to non-spiritual mental disturbance.[41] The only participant who said he had not encountered any psychological problems associated it with the clean conscience he had about his actions during the war: as a senior soldier, he helped others escape when he could and only killed enemy soldiers in combat situations which he

[41] These include the aforementioned *ajiji*, which is generally used as the Acholi equivalent of trauma attributed to acute fear and bad memories, and *chola*, a feeling of deep sorrow attributed to 'too many thoughts' that can spread from its sufferer to its surroundings (Finnström 2006, 53).

deemed as morally justifiable and, therefore, felt he had not transgressed any moral or cosmological boundaries which could have brought spiritual pollution upon him.

The symptoms that were interpreted as inner, subjective experiences without any particular cosmological dimension that would require specific cleansing or outside help were the mildest ones, mainly nightmares. Nightmares can be, but are not necessarily, seen as something related to *cen* possessions (Victor & Porter 2017, 594), as in some cases my research participants saw them as normal after-effects of war and reflections of the distressing things that had happened to them in the LRA's ranks. As one female participant explained:

> When you are in the bush, you are still experiencing those things[42], and you don't even have time to think about what you have gone through because [in the bush] there is no night or day. You are always up and down, and you don't even have dreams there because what I know is that in most cases you dream about what you have been thinking so much about.

Out of my research participants, three men and three women reported having experienced nightmares without having *cen* or feeling that the symptoms were related to underlying spiritual causes. Four participants, who were still suffering occasionally from mild nightmares, felt that attending prayers and being delivered helped them keep their symptoms at bay, whereas with two participants the nightmares had ceased over time on their own. One research participant reckoned that the reason behind him not suffering from nightmares any longer was a practical one:

> Nowadays, there's nothing, not even a rumour that the LRA has been seen or that they have had an attack somewhere. I do not think about them so much anymore. It is easy to forget, and those things are now going from my mind as the LRA's name also gets to be quiet. I have left those things there in the past.

In contrast, those six research participants who were still experiencing more severe symptoms such as hallucinations, compulsive thoughts of killing or attacking others, uncontrollable violent behaviour, or dissociative fits attributed their symptoms to supernatural, cosmological pollution and, therefore, considered it a relational, inter-

[42] 'Those things' is a term similar to *ajwani* which the Acholi use to describe *cen* and other war-related symptoms in a way that leaves open the origins of the afflictions (Meinert & Whyte 2017a, 272–273). This does not mean that the symptoms are necessarily thought to belong to the spiritual realm, but rather it portrays the uncertainty surrounding the origins of these symptoms (ibid., 274). However, in this and the following quote I propose that 'those things' refers to the disturbing experiences the research participants went through during the war instead of referring to the dreams themselves, as here the dreams are perceived simply as reflections of the past experiences instead of actual symptoms.

subjective issue. What combines these experiences is their out of the ordinary nature, as they result in the symptom sufferers losing control or awareness of their own actions which often make them act against the Acholi social norms, indicating that there are other forces at play. Therefore, the symptoms are deemed more troublesome than having mere nightmares which are perceived to be a normal occurrence in everyday life as bad dreams are experienced by everyone occasionally unlike the more severe symptoms. In some cases, there were clear indications of the cosmological origins of the symptoms, as contemplated by one of my research participants named Opio:

> A daughter to one of my aunties was killed by UPDF in the bush. An aeroplane dropped a bomb, and she got a serious injury. She was crying with my name, pleading: "Please come and help me!" but we were forced to go and leave that place. Later someone told me that she had died while mentioning my name, yelling: "Please, Opio, come and help me! Please, please, please, Opio, don't leave me!" I think those are the things that are bringing the problems upon me.

Out of those research participants who attributed their symptoms to any form of cosmological pollution – either *cen*, 'evil spirits', or 'devil attacks' – six were still experiencing them frequently today. All of the participants had attended prayers, two had gone to an *ajwaka*, and one had visited a hospital. In four cases, the participants felt that the prayers had significantly reduced their symptoms even though they would return back after a while, and one thought that the *ajwaka* ritual had helped as well. However, two research participants said that the prayers did them no good. One was hoping that participation in a ritual held by an *ajwaka* would finally cure her, but the other believed that there is no cure for the symptoms from which he was suffering. Instead, all of those whose symptoms had ceased thanked attending prayers for it. Here is how one participant explained how praying alleviated her symptoms:

> I have been getting problems, and the best solution for me is the prayers. I have been praying on my own, and sometimes I go to the church leaders to pray with them. I still sometimes experience [visions] even when I'm not sleeping – or if a child commits something bad and I give the child a beating, I feel like I cannot stop and I continue until someone comes to the rescue. So, I have stopped doing that. I now only tell them what is good and bad without beatings. But going to the church helps so much. When I am prayed on, the problems go away, and I can live a happy life. Sometimes things are too hard for me but at least when I pray those things are relieved.

This type of violent and asocial behaviour caused by war-related symptoms is generally attributed to the *cen* possessions and 'war-mentality' that the former LRA soldiers were perceived to have come back from the war with, which is one of the reasons behind the former abductees' stigmatisation (Finnström 2008, 162–163). Today, the level of stigma has reduced significantly from the time of the abductees' return, but deviant behaviour caused by psychological symptoms still affect some former abductees' acceptance to the Acholi society. These problems were especially visible with women in this study, as six female research participants out of ten reported having separated from one or more husbands because of the fear caused by their war-related symptoms. The husbands were often pressured by their families who did not approve of the formerly abducted women's unpredictable behaviour. Here is how one of my female research participants put it:

> I started experiencing the *cen* one or two months after I came back home [from the bush]. This is the reason why I even separated from my first husband because sometimes I just got up and started to yell and those people from the husband's place, they were like: "Eh, you, one day this woman will kill you!" So, we had to separate. The thing has just stopped last year when I was engaged in serious prayers, and it has not disturbed me anymore. But I have to wear a rosary all the time, even when I sleep.

In the patriarchal Acholi society, the separated women are often left without protection and proper standing as living arrangements and inheritance follow the patriclan and the women's identity is primarily built around their status as mothers and wives (Porter 2017, 89, 225).[43] Many of my male research participants, on the other hand, have found themselves in land wrangles with neighbours and relatives.[44] Because of fear caused by either my research participants' existing symptoms or anticipated war-mentality and the long absence from home due to abduction, they were unable to attend to their clan land, which has led some of them losing the titles to their father's land.

Therefore, the psychological symptoms experienced by my research participants become entangled in their subjection to the patriarchal structures of the Acholi society which, in

[43] Most of my female research participants returned from the war with children born in captivity whose fathers had either died or their whereabouts and kinship affiliations were unknown. Thus, these children neither belonged to any patrilineage nor were they usually accepted to join their mothers' new husbands' clans. This left especially male children outside of access to clan land and inheritance, which meant that they were also cast outside of the moral community (Porter 2017, 197). The situation was slightly better with female children, as they moved to live at their husband's place when they married.

[44] In some cases, my female research participants were also involved in land conflicts which have been frequent in Acholiland since the war. However, in these cases, the contested land was usually purchased and not inherited. Along the same line, sometimes women separate from their husbands because of their war-related symptoms, but this is significantly less common than the other way around.

turn, can affect the former abductees' intersubjective relationships. This way, the cosmological afflictions are not contained within the interactions between the symptom sufferer and the spiritual agent, as the spirits have the power to unsettle this-worldly relationships as well. The biggest concern of my research participants was not so much what impact the psychological symptoms had on themselves but on the damage that it did to their social connectedness and relations with others. The animosity that the symptoms created between people was feared to breed more problems, as the strained relationships could encourage both parties to resort to cursing or witchcraft which would cause further cosmological disturbance and misfortune (Harlacher 2009, 340; Porter 2017, 136).

This poses a threat to the social harmony of the whole Acholi society which is centred around the principle of maintaining the cosmological equilibrium in the relationships among the living and the dead (Porter 2017, 3). Thus, rebuilding bonds between the former abductees and their communities as well as with the spirit agents – or remaking the world of the trauma sufferers, as Lester (2013, 760) calls it – is central to the well-being of my research participants. In the next chapter, I look closer at how intersubjective relationships are repaired and offer some suggestions of how healing is achieved in the context of the three healing practices examined in this thesis.

4 Individual ailments and interpersonal healing

"The way to think about the past is to think about a bridge.
A good bridge must lead you forwards and backwards,
but it must not keep you at one side.
So, if a bridge takes you back and traps you there,
it's not a good bridge.
The bridge should let you go ahead and look at the future." [45]

Trauma symptoms are like a collapsed bridge, as explained to me by sister Rosemary Nyirumbe, the director of St. Monica's vocational school in Gulu and an advocate for the former LRA abductees who was one of the first people I interviewed during my fieldwork. The road to healing requires rebuilding the bridge so that symptom sufferers can once again move forward in life. In the previous two chapters, I have focused on the war-related psychological symptoms: the meanings they have acquired in the Acholi cultural context as well as their relation to trauma and the lived realities of my research participants. In this and the following chapter, I shift my gaze on the other side of these experiences, namely to healing. I examine how the three healing practices – trauma counselling, *ajwaka* rituals, and born-again prayers – discussed in this thesis approach the alleviation of war trauma and the ways in which these instances promote the repairing of social rupture within their spheres. I begin with a brief overview of the link between healing and the concept of social harmony after which I move on to inspect the three healing practices before offering a summary of the findings presented in this chapter.

4.1 Pursuing social harmony

In Acholiland, and elsewhere in the world, when a person becomes ill, he or she is inclined to find help for their ailments – regardless of whether they are of physical or psychological origin – in order to get better. And in order to get better, they need healing.[46] Healing entails the subjective feeling of recovery, but the improvement is usually acknowledged and facilitated in social interaction with others. As already established in the previous chapter, in terms of war trauma, the symptoms can be universal, but the experience of illness and healing are always culturally constituted,

[45] Interview with sister Rosemary Nyirumbe in Gulu, October 2017.
[46] Healing [mass noun]: The process of making or becoming sound or healthy again (Oxford living dictionaries).

which means that also the treatment should be anchored in the sociocultural contexts in which they are administered (Okello & Musisi 2015, 257). This helps give a meaningful explanation to the illness experiences of those suffering from them in addition to simply curing the symptoms, which are both equally important for recovery, as receiving care that corresponds with the sufferer's understanding of the illness' cause and having faith in the selected approach are considered some of the key factors that constitute healing (Baines 2005, 49; Okello & Musisi 2015, 257; Schultz & Weisæth 2015, 832).

Thus, understanding how healing is achieved among my research participants requires examining the Acholi illness explanations (see chapter 2) as well as the underlying principles that guide the establishment of harmonious life since disease is always essentially a rupture of life's harmony, as noted by Okello and Musisi (2015, 255). In case of the Acholi, the cure to illness and war-related psychological symptoms lie in the repairing of social harmony which among the Acholi is achieved intersubjectively by retethering the social bonds and restoring the cosmological balance that the appearance of psychological symptoms has shaken up, as already explained earlier in this thesis. For this reason, it is worth inspecting this guiding principle in the Acholi world view a bit closer as it is something that has been theorised in different ways by several anthropologists who are intimately familiar with the lived realities of the Acholi (Finnström 2008; p'Bitek 1971; p'Bitek 1986; Porter 2017).

Social harmony – or good surroundings[47], as Finnström (2008, 10) and p'Bitek (1986, 27) call it – is a widely shared ideal in the Acholi society that is not possible to ever fully achieve or maintain. It is a normative concept that states what constitutes social, moral, and cosmological balance in society, and therefore it is strived for in all social relations (Porter 2017, 3). Living in social harmony consist of good existence – the proper way of coexisting with one another (*kit mapore*) and being in respect (*bed ki woro*) with the living and the dead – which emphasises the interpersonal aspects of life rather than the individual, subjective, side (ibid., 3, 38). Furthermore, the guardians of social harmony in Acholi society are often those in a position of power and, thus, individual concerns can easily get subjected under the aspiration for the common good (ibid., 4, 158). Social harmony is produced and reproduced consciously and subconsciously in everyday

[47] Good surroundings (*piny maber*) is defined by Finnström (2008, 10) as "individual lives in balance with the greater scheme of things, persons, relatives, ancestors, and God", and it is opposed with 'bad surroundings' (*piny marac*) that prevailed during the northern Uganda conflict when pursuing life's balance was made impossible. According to Porter (2017, 3), the concept of good surroundings is encompassed within the concept of social harmony.

interactions, which means that it is first and foremost a lived practice embedded in the ebbs and flows of the Acholi life (ibid., 4–5).

Failing to live up to social harmony's high ideals, as obviously every erring human is bound to every now and then, can result in negative cosmological consequences which are often followed by some form of cosmological pollution – such as the *cen*, *jogi*, or *ajwani*. The pollution, in turn, demands cleansing and appeasing (Porter 2017, 64, 135–136) which helps repair the spoiled relationships (Whyte et al. 2015, 45). These transgressions can cause illness, which demands healing, as has happened in the case of my formerly abducted research participants who have experienced, and still continue to experience, more severe symptoms than nightmares and attribute their symptoms to cosmological pollution. In each of the three healing practices examined in this thesis, healing begins by acknowledging the moral – spiritual or profane – transgression that has taken place. It can happen either by admitting or confessing the transgression (in counselling or church) or by confirming the information told by the spirits channelled by an *ajwaka*. Based on this knowledge the healing providers then determine what is the right way forward.

Pursuing social harmony by rebuilding relationships resembles what Rebecca Lester (2013, 760) calls the unmaking and remaking of the worlds of trauma victims. To Lester, the constant re-experiencing of trauma is a complex process where a person gradually retethers to the world through meaningful relationships with others which over time alters the traumatic memory in the symptom sufferer's mind (ibid., 758, 760). In the process of the back and forth dynamics of unmaking and remaking of the world, the narrative of trauma receives new – hopefully more positive – meanings and interpretations which in turn can foster healing, as according to Lester "healing comes from redeveloping the [trauma victim's] capacity to connect and relate to others in ways that extend beyond the specifics of the trauma or their 'damaged' identity" (ibid.). In this chapter, I argue that all three healing practices offer different kind of tools for remaking the world of those suffering from war trauma in a way that runs parallel to their aspiration for social harmony.

Next, I examine how the retethering of relationships is achieved within the three healing practices. However, due to the short fieldwork period, my infrequent participation in different healing sessions, and the limited space in this thesis, I will not offer a comprehensive analysis of what constitutes healing within each of the examined

practices' context. Instead, I will focus on those aspects of treatment that I have observed to advance the strengthening of social bonds between the symptom sufferers and their close relationships and, thus, have the ability to remake their ruptured worlds. I hope to provide the reader with some new insights into how war-related symptoms are relieved and social harmony is fostered within the context of the three healing practices in Acholiland.

4.2 Opening the heart in psychosocial counselling

Psychosocial trauma counselling[48] follows a similar pattern to most public gatherings I have attended in Uganda. The meetings usually take place under the shade of a mango tree on the chairperson's (or some other member's) compound where straw mats have been placed for the participants with a few chairs arranged for the esteemed visitors: counsellors, psychologists, translators, and occasional foreign researchers. Soda – usually the sweeter, the better – and biscuits are distributed to the participants, informal chatter fills the air, and greetings are exchanged before the official meeting commences, sometimes accompanied with an opening prayer. Participants arrange themselves in a semicircle so that everyone can face the counsellor who begins the session with a recap of past meetings before moving forward to the day's topic and homework assigned on the previous session.

Trauma counselling is organised in more or less the same way in all of the NGOs that I have interacted with during my fieldwork. The beneficiaries are identified mainly through community outreach programs after which they attend some form of narrative exposure therapy-based[49] psychological counselling in groups of approximately 15 people. Each session has a theme that tackles topics such as identifying mental health problems, depression treatment, stress coping tools, and so forth. As NET is a form of short-term intensive therapy, a full course consists of 9 to 12 sessions that can be held either once a week or as a two-week intensive course depending on the program. During the course, those who suffer from trauma symptoms are identified after which they are offered individual counselling where the symptom sufferer is exposed to the traumatic memories

[48] None of my 20 research participants have taken part in trauma counselling, which is why part of the analysis in this subchapter draws from information gathered in two trauma counselling group sessions, one organised by TPO and the other by THRIVE Gulu, which I had the chance to observe during my fieldwork. Some of the participants were former abductees, whereas others came from various different backgrounds.
[49] ILA Uganda used a CBT-based EMPOWER model (Sonderegger et al. 2011, 240–242) instead of the also CBT-based NET. However, as I observed only sessions that utilised narrative exposure therapy, my analysis is entirely based on the NET model.

using a method called lifeline, where the client narrates his or her life history to the counsellor by placing flowers representing positive memories and stones that stand for painful memories on a rope that symbolises the lived life. Then the counsellor goes through the memories together with the client by gradually exposing the traumatised person to the painful memories along the course of the narration, which ideally sets the affected individual on a path to recovery by offering alternative interpretations to the traumatic events.

Therefore, the primary aim of psychosocial counselling is on the mind and fostering subjective, psychological healing. However, the trauma-focused NGOs' approach to recovery is holistic in northern Uganda, as the treatment model consists of several components that in addition to mental health are focused on spiritual counselling, economic empowerment, community development, intra-community reconciliation, and so forth (the components vary from NGO to NGO) to better address the complexity of the problems that the beneficiaries are facing.[50] Thus, the aim of the programs is to find inner, personal growth, but in ways that foster intersubjective connections by tying the person to the community and helping the beneficiaries to cope with their everyday struggles of living in poverty and under the conditions of structural violence, which are also acknowledged to contribute to straining the client's psychological condition. Therefore, the core of the psychosocial counselling model is in building resilience and helping clients to accept the adversities they face in life, as otherwise it can prevent them from having a positive take on the future, as one counsellor told me:

> You cannot comfort the mind if the stomach is empty. You cannot tell them to forget about the past if they are still walking back to a home and sleeping in that place where they had that [traumatic] experience.

Thus, learning to cope is seen as the key to recovery. According to my observations, emphasising the importance of sociality is one of the main ways in which coping is promoted in trauma counselling sessions in northern Uganda. During the meetings, the participants discussed things that have caused them distress and offered each other advice based on the problems that other members recounted. In all cases that I observed, the clients' problems were related to immediate, interpersonal issues rather than to events that took place in the distant past or during the war. In most cases, the problems involved

[50] Encompassing social, economic, political, and cultural aspects of illness in the treatment is one of the general principles of Euro-American psychosocial intervention models applied in post-conflict settings (de Jong & Reis 2013, 645).

family members or other people close to the person who had wronged them in different ways or situations where they had themselves wronged others with their behaviour.[51] This, in turn, had strained the relationships that now troubled the participants' minds, but which they hoped could still be mended and returned back to their normal state. In counselling, the members were encouraged to keep advising each other not only during the sessions but also after the course was over to foster healing.

Sharing experiences and offering peer support were among the tools that the group members seemed to appreciate greatly, as they reported using the skills on their own initiative outside of the courses' assignments. This notion runs parallel to the findings in psychological trauma studies which suggest that social support is among the key factors that promote recovery from traumatic stress (Harlacher 2009, 258; Schultz & Weisæth 2015, 832, 834). One of the additional benefits that counselling had is that by sharing their own experiences the group members realised that they are not alone with their symptoms, as similar problems are experienced by many others, which was considered valuable at least by the counsellors I discussed with since most mental health problems still carry a certain level of stigma in northern Uganda. Therefore, in my view, despite the NET model's Euro-American origin and its focus on worldly rather than supernatural affairs, there are several positive aspects in the way in which trauma counselling is applied by the NGOs in northern Uganda which, I suggest, have the potential to promote psychological healing in the Acholi context.

I would particularly like to draw attention to two notions used by the Acholi that I came across during my fieldwork and to which I found that trauma counselling, and also born-again prayers, offered helpful tools to process – namely the need to 'stay strong' (*bedo ki cwiny matek*) and 'keep things to one's heart' (*gwoko gin moni icwiny*). Staying strong is a moral ideal that refers to a situation where a person endures difficult times without succumbing to despair in the face of hardship. This is something that my research participants often mentioned when they discussed the most distressing things in their lives that they had a hard time coming to terms with but which they were determined to overcome by not giving up, as giving up was generally seen as a sign of weakness. Here is how one of my research participants explained her resilience to me:

[51] Similar observations are made by Whyte et al. (2015, 48, 52) in relation to their study about forgiveness and Porter (2017, 194) in her study on rape, where the research participants were primarily concerned in forgiving and mending relationships with those close to them rather than when the perpetrators were strangers.

> My home people always hope that things will change for me even though I have lost most of my property into the fire [that burned down my hut] and because of other bad things that have happened to me. But I have to stay strong. Until today, even though I have been going through a hard time, I have stayed *very* strong.

Thus, staying strong was seen as a source of great pride, as despite all the adversaries that my research participants had gone through, they had not wavered in their willpower. It seemed almost as if failing to live up to the ideal was feared to collapse the normal order of things, as it posed the risk of upsetting the balance of the moral community by failing to maintain the social obligations and relationships cherished by the Acholi. Here is how one of my formerly abducted research participants – a lady struggling with HIV, no husband, and many mouths to feed – explained how her children encouraged her to push through her predicament when she was ready to give up:

> There was one time I got very tired and I said to my child that at one point I will commit suicide. Then one of my children said to me: "Mom, you see, you are the only person who we have left. If you are to die, we don't know what will happen [to us]. You don't think we are going to remain small like this? Now we are the people of whom others say that we don't have a future, but you never know where the future will lie. We could be the people who will help others one day. Maybe we will be the most important people in the future. So, you stay strong."

Here the mother's suicide would have set in motion several actions with the potential to upset social harmony, as suicide is thought of as a moral and cosmological transgression which is perceived to run in lineages. By committing suicide, the lineage could become polluted and social bonds would be irreplaceably severed between the mother and her children. Suicide would pose a risk of leaving the children rootless which in turn could create other problems in the future. Therefore, the individual decisions always have intersubjective and cosmological consequences in the lives of the wider community whom the death burdens, especially relatives who have to arrange the burial and possible future caretakers to whose goodwill the children would be left. In this way, the individual death is neither a private nor only a subjective matter, as it affects the whole community and especially those immediately connected to the deceased.

Furthermore, suicide is an example that bridges the need to stay strong to the other Acholi notion I wish to discuss, namely the tendency to 'keep things to one's heart'. The heart is a relatively common metaphor for the inner lives of people – their intentions, emotions,

and motives – in Acholiland and elsewhere in Africa (Whyte 1997, 228; Whyte et al. 2015, 46). In general, the heart is considered as the part of the person that is not known to others, as it is impossible to know what someone thinks or feels deep inside, as Whyte (1997, 80, 228) notes in her study on the Nyole in eastern Uganda. The same is true to the Acholi, as it was repeatedly implied in conversations that the inner thoughts and intentions can be revealed only in interactions with others. For instance, my research participants expressed people having revealed their good or bad hearts when they had showed either kindness or resentment through their actions towards the former LRA abductees after their return. In the same vein, suicide is something which cannot necessarily be anticipated by others, but the action itself can reveal the bitterness and anger concealed within the heart of the person committing it.

In some cases that I encountered, the former LRA abductees have concealed painful war-related memories in their hearts ever since the war ended. These memories were mainly related to the former abductees' own actions and transgressions during the war which now caused shame and fear in them. It would be simplistic to state that the recurring psychological symptoms were a consequence of these feelings, but concealing negative thoughts in one's heart is clearly a source of great distress for some symptom sufferers, which can stand in the way of their recovery (Schultz & Weisæth 2015, 835). Thus, I argue that keeping things that bother the symptom sufferers in their hearts in fear of repercussions can be counterproductive for healing, especially when it is combined with the moral obligation to stay strong in the Acholi culture. However, in some cases, I do think that these notions can also serve as coping strategies that give purpose to the sufferers and help them carry on in difficult situations where help is generally not available, as was the case with my research participant who contemplated on ending her life.

In my view, one of the greatest benefits of trauma counselling is its ability to question and break up these coping strategies and give the courage to speak up and open the symptom sufferer's heart to their loved ones, especially as the symptoms were often visible to others but their origins were left unarticulated. Thus, opening up about the distressing events offered an explanation to family members of the violent, avoidant, or strange behaviour exhibited by the symptom sufferers, as they were otherwise left

guessing what had happened to them during the war. In trauma counselling, opening up[52] and seeking social support were encouraged by giving practical assignments for the group members after each session which were then discussed in the following meetings. The homework consisted of exercises such as identifying disturbing symptoms in themselves or finding a trusted person to whom to confide about difficult experiences. Here is what one of the trauma group members shared with the other participants:

> The person I trust the most is my wife. Last week I got the courage from here, and I took the time to narrate the story to her which I have kept in my heart for a long time. A long time ago the rebels abducted me, and they gave me a person to kill, and so I had to beat the person to death. All this time I have kept this information [inside me]. I have not told anyone because I feared that if I tell my wife, she will pack up her things and leave. But now that I have narrated this to her, I feel relieved. Before I was feeling heavy. Even when I worked, I was feeling heavy in the body, but now I feel very light, very free, very ok! It is as if someone has picked this information away from me.

Here opening his heart to his wife, and receiving a positive response from her, lifted the weight of the distressing memory off the group member's shoulders. What is significant here is that even though the painful memory itself is linked to what happened to the person during the war, his primary concern was related to the present social relationships that were in danger of dissolving as a result of his confession.[53] Thus, by opening his heart, he was also able to peek into the heart of his wife to whose innermost emotions he also normally lacked access. By not leaving, she showed her support and approval to him. The situation that had all the potential to shake up social harmony and break existing social bonds was successfully resolved. Following Lester's (2013) theory, I argue that the confession held the danger of unmaking the person's world by severing the bond between the former abductee and his wife. However, as the outcome was supportive, by opening his heart to his wife new positive emotions and associations became attached to the painful memory (ibid., 758), which moved the person's symptoms one step closer to healing.

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[52] The encouragement to open up about difficult life experiences in trauma therapy reflects the Euro-American understanding of a person as a closed entity who needs to deliberately give access to their interiority in order to recover. This is related to the history of psychiatric therapy tradition which has been shaped by Sigmund Freud's (nowadays highly questioned) theories of forgotten and repressed memories as the cause behind trauma symptoms (Fassin & Rechtman 2009, 32–33).

[53] My interviews with former abductees suggest that this is related to the fact that the rebel life is understood today to belong to the past, which is why it is not of equal concern as current worries. Mergelsberg's research (2010, 167) supports this conclusion to an extent, as according to him the former abductees have a tendency to divide their lives (and to some extent identities) to "the type of life in the bush" and "the type of life at home" after return.

After similar confessions by other group members, one of them stated that he had noticed his flashbacks and other bothersome symptoms becoming less frequent. This suggests that there are tangible positive effects that can be achieved by participation in trauma counselling at least in cases where the outcome of opening up the heart and showing vulnerability is met in a positive way. Thus, even though the primary aim of Euro-American based psychological counselling is teaching the participants to recognise their inner feelings and the feelings' connections to their thoughts and behaviour, the trauma therapy in Acholiland primarily emphasises the role of intersubjective relations rather than deep, personal introspection to achieve its goals.

However, even though trauma counselling offers useful tools to question existing coping strategies, its main focus is on the worldly aspects of intersubjectivity even though in most cases the NGOs' treatment models have incorporated some level of spiritual – mainly biblical – counselling to their programs. As most war-related trauma symptoms continue to be shrouded in uncertainty about the involvement of supernatural illness agents, I argue that the NET model lacks one culturally relevant component for many Acholi, namely the ability to acknowledge and address spiritual causality in its model which can reduce the treatment's appeal or efficacy for some. Next, I turn to examine the approach of the *ajwaka* healers where the spiritual realm is brought to the fore of healing.

4.3 Strengthening social bonds through ritual

In general, the *ajwaki* are easily accessible especially in the more rural villages, as many of the healers live in the same communities with those who come seeking help from them. The practice is usually located on the compound where they live at least in the case of both *ajwaki* I visited during my fieldwork. The clients and their escorts wait patiently outside on the compound for the healer to finish up with a previous client before calling them into the hut reserved specifically for the *ajwaka*'s seances. Entering inside of the dim coolness of the grass thatched hut offers a welcomed escape from the scorching equatorial sun. The round space is divided with a curtain which separates the *ajwaka*'s area from the rest of the room. Accompanying family members position themselves next to the wall facing the *ajwaka* while the client sits closer to the centre of the room. Cowry shells used for divination, rattling gourds for calling the spirits as well as other paraphernalia necessary for the seance to succeed are placed on a straw mat in front of

the curtain. The consultation[54] is ready to start. The *ajwaka* begins the divination, his voice taking a deep, calm tone of intuition to inspect which spirit agents are disturbing the client:

> You get confused. You begin to have pain in your body. Things that you can't understand come over you. Even when you lie down in the night, it comes over you. Even in broad daylight, it comes over you. Your head begins to reel. You have to stand still to regain your composure. This makes you very worried. You feel your body burn. You sometimes get paralysed and have bouts of sweat. You feel empty and weak. When you sit during the day, it comes over you, and you feel cold. You have your spirit locked away. The dead spirits are over you. The people keep mocking you about your problems. You have been bewitched. It comes and makes your stomach rumble. You are haunted by spirits. Spirits like animals, spirits of water…

In many ways, the *ajwaki*'s approach to healing is opposite to the trauma counselling therapy offered in northern Uganda, as the crux of the ritual is in the collective retethering of intersubjective relationships between the living and the dead instead of addressing the psychological processes of individuals. Subjective healing is pursued, but it is achieved through the mobilisation of social support by the living family members and offering an avenue for the upset spirits to voice their demands and receive acknowledgement and appeasement from the living rather than directly addressing the client's individual concerns or wishes. The healing practice's approach fits the cultural understanding of the underlying causes of psychological symptoms. The treatment model is more familiar to the Acholi than the Euro-American trauma intervention approach where parts of the counselling sessions are reserved for explaining how the mind works according to Western medicine, how different disorders can affect it, and what are the objectives of the treatment. Instead, when the Acholi visit an *ajwaka* the ritual setting, treatment plan, and symbolism involved are instantly grasped by most clients.

However, precisely because the *ajwaki*'s approach to healing is embedded in the Acholi culture, it's primary aim is to preserve social harmony, which means that the community's well-being is generally put before the individual's, as the spirit possession poses a threat well beyond the subjective boundaries of the client. Thus, the treatment model conforms

[54] The analysis in this subchapter draws from my participation in an *ajwaka* consultation together with one of my research participants as well as interviews with two *ajwaki*. I did not have a chance to participate in any rituals held to relieve war-related psychological symptoms. However, as the Acholi rituals have been studied by other researchers (Harlacher 2009; Schultz & Weisæth 2015), I can build my analysis upon their accounts.

to the social structure without questioning it or offering particular tools to deal with structural violence or economic hardship within its context, whereas in the approach of psychosocial counselling the main focus is on building resilience and teaching new coping methods to symptom sufferers. Rather, in the Acholi rituals, the belief in the healers' – or the spirits that they channel – skill to identify the possessing spirits and to offer appropriate responses to them are considered enough to heal the affected person. The client's inner subjectivity is acknowledged mainly through inspecting the specific symptoms experienced by the client (see the above quote), as different symptoms are perceived to be caused by different spirits due to the various transgressions committed by the individual, and thus each spirit requires a different healing method to be dealt with.

The *ajwaki*'s approach also differs from the narrative exposure therapy in the engagement of the family members and the wider community of the symptom sufferer from the very beginning of the treatment. In the case of all three of my formerly abducted research participants who had visited an *ajwaka* for their psychological problems, it was their parents who had taken them to see the healer in the first place. Furthermore, as already previously explained, the ritual requirements cannot be raised alone in most cases, but it requires a joint effort from the whole family or clan to mobilise for the material things – goats, cocks, sheep, cigarettes, and so forth – as well as monetary compensation demanded by the *ajwaka*'s helper spirits before the cleansing ritual can take place. Here is how the mother of one of my research participants explained her involvement in the process:

> We went for the traditional consultation, and the spirits demanded their requirements. Just simple things, nothing too difficult to acquire. Only that our [economic] capacity is a little bit low now. If we give those things what they want, they will leave my child. Because the spirits confessed that if my child wants to continue with the prayers, they will kill her and eat her blood and they will just go away [after that]. But if the spirits are given the things that they want, they will leave [instantly] and go somewhere else. So, I thought that it's simple. I can look for these things. They do the ritual, and the spirits will leave my child alone.

The family members also take part in the ritual when it is arranged. They get to show their support throughout the process and share the healing experience collectively with the client, whereas in psychosocial counselling this happens indirectly when the symptom sufferers confide in their loved ones by opening their hearts outside of the counselling sessions. In rituals, the participation goes beyond the role of a compassionate receiver of

information, as the family members have an active role to play in the cleansing of the spirit agents, as explained by an *ajwaka* when he recounted different stages of my research participant Akello's cleansing ritual:

> We take the auntie, the uncle, the father, the mother, and the sheep like this. Then we make the sheep go around Akello four times. After that, we take the sheep and bury it inside an anthill. It will help with the spirit that seizes her. The ancestors will all pierce the sheep while the family members chant incantations. They will speak against and command the spirit that seizes Akello every now and then until the spirit relinquishes its grip [from her].

Thus, the element of social support runs throughout the different levels of the ritual from the beginning to the end. The long time that it takes to acquire the ritual requirements builds positive expectancy towards the ritual's outcome which is one factor that constitutes healing within the ritual context, as noted by psychologists Schultz and Weisæth (2015, 832). They have analysed the therapeutic factors in an unnamed Acholi cleansing ritual[55] organised to overcome PTSD in their case study of a former LRA abductee who was permanently cured of his trauma symptoms after taking part in the ritual.

Schultz and Weisæth (2015, 830–831) compare the ritual to Euro-American-style trauma interventions such as CBT and NET and find several similarities between the two therapeutic approaches. In addition to the positive anticipation of the treatment's outcome and high level of social support mobilised within the ritual's context, they argue that the ritual's efficacy lies in the strong therapeutic alliance which is formed between the client and the healer during and after the ritual as well as in the externalisation of shame and guilt from the patient's deeds within the ritual's context which fosters forgiveness in the wider community (ibid., 835). They conclude that instead of direct exposure to trauma the ritual contains indirect symbolic exposure to the traumatic event through animal sacrifice at the height of the ritual, which they believe can be of as equal healing capacity as direct trauma exposure (ibid., 833).

The last conclusion runs against Harlacher's (2009) findings, who has studied another Acholi cleansing ritual performed on the former abductees from the perspective of clinical psychology. He argues that in the *kwero merok* (cleansing someone who has killed in war) ritual, which usually takes two to four days to perform, direct exposure to trauma

[55] Based on Schultz and Weisæth's (2015, 827–829) account, the ritual combined *nyono tong gweno* and *lwoko pik wang* with a third ritual I was not able to identify.

occurs several times over the course of the ritual, which fosters healing especially when it is combined with skillfully orchestrated social support, as it enables the symptom sufferer to absorb new information despite the fear structure being activated by the trauma exposure (ibid., 268). This eventually leads to a change in the traumatic memory when positive meanings are attached to it over the course of the ritual. Otherwise, Harlacher (ibid., 257) reaches similar conclusions to Schultz and Weisæth and agrees that the *kwero merok* ritual shares many healing elements with Euro-American trauma therapy in its application. He also offers several therapeutic factors to support his argument (ibid., 258–266) which run more or less parallel to Schultz and Weisæth's findings.[56]

Both Harlacher (2009) and Schultz and Weisæth (2015) emphasise the importance of the retethering of interpersonal relationships between the client and the community in their analysis of the Acholi rituals performed to alleviate war trauma. According to Schultz and Weisæth (2015, 835), "when [the client] is welcomed back to the village [after the ritual], social order is restored and he gets a new start as a free man – liberated from evil spirits, social stigma, shame, and guilt, and he can once again be responsible for his actions and can rebuild social relationships." Thus, if we again lean on Lester's (2013) theory, the rituals performed by the *ajwaki* on former abductees have the ability to unmake and remake the world of the symptom sufferer in one intensive therapy session that takes several days to accomplish. This differs from the gradual, back and forth reconstructuring of psychotherapy where healing takes place over a longer period of time. Schultz & Weisæth (2015, 834–835) conclude that the short-term, high-intensity intervention of the ritual can be more effective in its approach to healing than the Euro-American trauma treatment model.

However, as both Harlacher (2009) and Schultz and Weisæth (2015) inspect Acholi cleansing rituals from the point of view of their psychological training, their perspective fails to take into account factors that fall beyond the Euro-American understanding of trauma. Therefore, I would like to offer some additional suggestions of what contributes

[56] However, as the quotes in this subchapter reveal, in their focus on the Euro-American understanding of trauma, neither Harlacher nor Schultz and Weisæth address one key factor that contributes to healing for the Acholi, namely the engagement in ritual exchange with the afflicting spirits where the successful offering of sacrifice is perceived to cure the symptoms. By taking the CBT- and NET therapy models as a departure point in both psychological studies, the researchers have first had to secularise the rituals in order make their analysis correspond with the Euro-American conception of trauma that allows the examination of psychological and social factors but does not take into account spiritual causality. Thus, what is not discussed in these studies is whether the Acholi themselves agree to the psychologists' interpretations which conclude that the rituals' main aim is to achieve healing through re-exposing the symptom-sufferers to traumatic events, or not.

to healing in the Acholi rituals' context based on things that my interviewees regard important in the *ajwaki*'s services – namely the ability to form intersubjective relations with the spirits who are perceived to possess the clients. After all, the Acholi ritual is the only one of the three healing practices examined in this thesis where the symptom sufferers are encouraged to restore their relationships with the illness agents who are sometimes identified as ancestors and are often considered to have a just reason for their anger, since the possessions of former abductees are mainly understood to result as a consequence of the moral or cosmological transgressions they have committed during the war and their time spent in the bush.

The *ajwaka* spirit consultation offers an avenue to find out who the angered spirits are, where they have come from, and why they are bothering the affected person. The seance makes it possible to hear out the spirits' demands and negotiate with the *ajwaka*'s helper spirits about the treatment's costs before making any final decisions on pursuing treatment. Therefore, within the ritual context, the affected person can familiarise with the spirits and perhaps even learn what's in their hearts,[57] which are considered prerequisites for establishing normal relationships between the symptom sufferer and the afflicting spirits. After all, you cannot negotiate with depression or PTSD, and in born-again Christianity the evil demons are not perceived as someone who can be reasoned with, but you can make peace with the *jogi* and other Acholi spirits and continue to live with them in a proper manner and with mutual respect in a way that runs parallel to the Acholi principle of social harmony.

The spirits are thought to share similar wants and needs as human beings by my Acholi research participants, but they are less complex in their emotions and actions, as Whyte (1997, 32, 102) notes in her study on the Nyole in eastern Uganda. The spirits are not perceived to harbour any hidden agendas and, thus, by identifying the right spirit agents and hearing out what they have to say, the consultation instils hope and shows a way forward (ibid., 102; Whyte 2002, 173). Meeting the spirits' demands offers a clear-cut solution to the problem at hand, as it is trusted that if the spirits are given what they want they will keep their end of the bargain and leave the symptom sufferer. Here are one of my research participants' thoughts on the matter:

[57] In some ways, the spirits are still considered human beings, which is why they can have bad hearts. However, as Whyte (1997, 102) notes, death has stripped the spirits of personhood and any emotional complications. In other words, all the things that essentially make humans human.

> If I go to an *ajwaka*, the *ajwaka* will tell me what is bothering me. They ask from there [the spirits]: "Who are you?", and they will answer: "I am this and this, I want this." So, if I do everything that they want, the spirits disappear. The spirit even said that it was going through so many problems because it was killed in a very bad way. So, it got a place in my body, in my soul. If we want to remove it, we need to give it what it wants and then it will go [away]. If we fail to do that, it will kill me.

However, because a connection to the spirits can be established only through a skilled medium, it could be argued that in the *ajwaki*'s treatment model those who are possessed by the Acholi spirits are in less control over their symptoms than those partaking in trauma counselling or born-again prayers. The healing model offers no ways for the symptom sufferers to get cured of the ailments on their own, as the treatment is left fully in the hands of the *ajwaki* and their assisting spirits. In the other healing practices, on the other hand, at least by partaking in trauma counselling the individual holds the keys to his or her own healing by opening up about the traumatic memories, whereas in born-again prayers individuals join prayers at the time of their own choosing and can thus feel in partial control of their deliverance from demons even though the healing itself always happens at God's will (Tankink 2007, 220).

In rituals performed by the *ajwaki*, the individual's role in their healing is limited to the ritual context, but the rebuilding of social bonds is extended to the whole community at once. In my view, this approach better suits the understanding of social relationships of most Acholi, as social relations (and their rupture) are seldom thought of as a matter between only two people – or between individuals and spirits – but as something which involves the wider family or the whole lineage (Porter 2017, 76–77; Whyte et al. 2015, 49). I argue that mending relationships on a larger scale can be a more effective way to achieve good existence and social harmony than the repairing of intimate bonds between individuals promoted by trauma counselling. And yet, for many Acholi, their personal religious convictions do not allow to pursue such 'heathen' practices that the *ajwaki* represent. Thus, the quest for healing calls out for other options that can address the supernatural aspects of war-related psychological symptoms in equally meaningful ways.

In this and the previous subchapters, I have inspected situations where the ruptured social worlds of the symptom sufferers are retethered mainly through repairing existing relationships to both the living and the dead in the hope that it attaches positive associations to the painful memories, mobilises social support, and thus fosters healing

and social harmony. Next, I will move on to examine the third healing practice – the born-again prayers – where healing follows yet another logic, as within the PC/C church's sphere whole new relationships are formed between the congregants and God in the hope of repairing old ones.

4.4 Restoring relationships with the grace of God

The Sunday service at a born-again Christian church[58] in Gulu begins sluggishly, as it is still early morning and most of the congregation has yet to arrive. The church is a large, open space constructed entirely from corrugated iron sheets supported by wooden beams embellished with colourful fabrics. The pastor preaches about the perils of sin on a raised platform facing blue and green plastic chairs which are arranged in neat rows on both sides of the aisle leading to the platform. A handful of people sit on the chairs, praying silently or listening half-heartedly to the sermon. Children play at the back of the room more interested in their games than what is going on elsewhere in the church. Towards midday the stream of congregants increases until most chairs are occupied. The service livens up considerably. Singing of gospels accompanied by dancing and the clapping of hands alternates with passionate preaching – both equally contributing to the soundscape of the church. The service[59] is finally in full swing.

Pentecostal and Charismatic Christianity differs from other healing practices discussed in this thesis, as it is first and foremost a personal conviction and a lifelong religious practice instead of a particular treatment that is administered only at a time of crisis. Ideally, the born-again conviction offers solace and healing at the time of difficulties, but the faith in God expands beyond such times of hardship. In practice, many Acholi seek help from the powerful prayers of the born-again churches in the same way as they do from the other healing practices, namely when they face physical or psychological hardships that they cannot deal with on their own. Some attendants are inspired by the reputation of the healing powers of specific pastors; others come by invitations from their friends and families, and yet others out of curiosity or sheer desperation. Some of them will end up making a full conversion and a lifelong commitment to the church; others will come for

[58] I will not name the church to protect the identity of my research participants. However, it is a mid-sized, independent church which is focused on healing and headed by a Ugandan pastor. The church has several branches around the country.

[59] In addition to the information obtained from my research participants, the analysis in this subchapter is based on participant observation in a Sunday service in Gulu, an interview with a born-again pastor, and a group discussion I held together with born-again believers about their conversion and healing experiences. Some of the participants were former abductees, but most were not.

occasional deliverance without converting, whereas others might not find what they were looking for in the born-again faith.[60]

Praying and personal beliefs are of course always subjective experiences as most of the religious practice takes place alone, meditating within one's mind and searching for spiritual answers for personal troubles. However, the intersubjective dimension is always present in the born-again practice. A big portion of the lives of the born-again revolve around the communal church activities where also the healing takes place: in church services, prayer groups held by fellow church members, and in private counselling sessions with pastors.[61] The born-again community offers several ways for the former LRA abductees to discuss the difficult experiences that they are going through in their lives while receiving peer support from other church members. They remind each other about the Bible's teachings which offer words of wisdom in the face of hardship. The born-again believers are encouraged to put their faith wholly in God, as God has a plan figured out for all of his creatures and the ability to take away their suffering. Here is how the charismatic pastor I interviewed explained the movement's popularity:

> Today people come to the born-again church because they have gone through a lot of troubles in these two-and-a-half decades of war. They come to [the church] for deliverance, for healings from God. No man heals human beings; it is only by the wish of God. And it happens at his own mind and at his own time. [...] You heard me speaking to them that we need to keep to the prayers all the time. That is the only way that you can actually escape [from evil] because every time you pray, there is more anointing. The spirit of God continues to *empower* you – *empower* you with the light! So, where there is light, there is no darkness. People become spiritually empowered, spiritually aware, and therefore they will turn stronger in any situations that they face. Because the Lord always shall be with them.

This quote illustrates the personal relationship that the born-again are expected to form with God. In the PC/C movement, God is not someone distant or who can only be reached

[60] Most of my research participants had found their way to the PC/C movement in this manner. Nine of them had converted to born-again Christianity, whereas four had attended born-again services to cure their psychological ailments but had retained their original denominations. One had converted to born-again faith but converted back to mainline Christianity when the prayers failed to bring her relief. Three had not attended charismatic services, but they found solace in prayers "in an ordinary way" within the mainline Christian churches.

[61] In addition, three of my research participants had taken part in intensive prayer sessions held specifically to alleviate their war-related psychological symptoms and two had visited well-known prophets famous for their healing powers, but I did not have the chance to attend any such prayers during my fieldwork. However, the day to day maintenance of my born-again research participants' symptoms happened while taking part in regular church activities and through private prayer practice.

through the mediation of priests but an all-encompassing presence in the lives of people who hears your thoughts and wishes and with whom an intimate, intersubjective relationship can be formed. Anthropologist Tanya Luhrmann (2012, 35) has compared the relationship to God within the American evangelical faith so close and personal to the believers that it begins to resemble friendship. I argue that this same tendency is also found in Acholi born-again Christians, as God is someone who is interacted with at all times either in group gatherings or in personal, inner conversations. The God of PC/C movement is not just a passive listener, but an empathic and non-judgmental interlocutor who gives signs – or 'talks back', as Luhrmann (ibid., 39) calls it – and guides the believer on the right path when needed. However, this does not necessarily happen instinctively, but the believer needs first to learn to listen through prayer.[62] Here is how one formerly abducted born-again believer explained her healing experience to me:

> I had a friend who used to come to the church here, and he invited me to come along. He said that I might get healed if I was prayed for here. I came to [the church] and started fellowshipping here but I would still feel pain on my body, and I used to have attacks in my dreams. But I kept on praying. I went to sleep one day when I was told to read Isaiah 37:35[63] [in my dream]. I was told to rise up and read it – and I did. I got my healing the moment I read that scripture. I want to thank God and acknowledge the fact that he is present in this fellowship.

Belief in the healing power of God and his ability to perform miracles was strong among the congregants, and they tended to interpret all, however small, positive events in their lives through the discourse of miracles, which in turn strengthened and renewed their faith in God (Tankink 2007, 211). In testimonies given during the church service I attended, the miracles ranged from learning to walk again after a severe illness to much more mundane things such as removing air from the stomach or recovering small amounts of lost money. It seemed that the active reproduction of faith helped the congregants to relate to their lives with a new level of optimism. They trusted that they were cared for and protected by the Holy Spirit, and they were just biding their time to become healed from their misfortunes with the grace of God. Thus, the born-again faith also helped the

[62] Though it should be noted that there exist fundamental differences between the American Evangelical Christian tradition and the Acholi PC/C practice since the 'buffered' American culture perceives God as a wholly transcendent being, whereas in the 'porous' Acholi culture the interaction with supernatural forces is considered a familiar and acceptable experience. However, my interviews with born-again believers suggest that the skill to interact with God in the PC/C faith requires active learning to listen and interpret God's signs in the same manner as Luhrmann describes to take place among her American interlocutors. Perhaps this is not so surprising, considering that some PC/C churches in Uganda are run by American missionaries whose style of praying and teaching have influenced local, independent born-again churches.
[63] "I will defend this city and save it, for my sake and for the sake of David my servant!" (Isaiah 37:35)

congregants to accept a certain level of discomfort in their lives, as it is believed that God has his reasons to test his believers, which gave purpose for all the suffering that the congregants were going through.

In many ways, this approach has parallels to the aims of psychosocial trauma therapy where the main focus is on resilience building and learning how to cope in the face of adversity. Thus, the born-again practice also helps the believers to endure and give meaning to their experiences of structural violence and state subjugation, as the abduction experiences, poverty, and marginalisation can be perceived to belong to the bigger scheme of things that God has planned for them.[64] Furthermore, a lot of emphasis in the PC/C practice is given on confessing one's sins to God and sharing them with other churchgoers as well as on forgiveness, which means that opening up what's in the heart of the sinner and being accepted with compassion regardless of their deeds is put at the centre of the practice much in the same way as in trauma therapy.[65] This possibility for relieving the burdened heart and receiving deliverance as a reward were regarded by many of my formerly abducted research participants as instrumental for their well-being. This is how one of my research participants explained how attending prayers has helped him:

> When I pray the things [dreams] disappear, and I can stay free for a while. In the church, they tell us to organise our own prayer fasts. So, if I experience anything [symptoms], then I fast. I fast, and the problems that I am experiencing go away. For example, sometimes when I talk about these things [war experiences] like we have today, I can go to the church afterwards, and we discuss some of these things. They pray for me, and I get total relief.

Medical anthropologist Marian Tankink (2007, 227) considers this ability to express emotions openly in church as one of the key healing factors of the born-again practice in

[64] On the other hand, it can be argued that the PC/C movement is partly complicit in maintaining these structures, as the churches are not always willing to take an active stance to tackle structural issues. On the contrary, in some cases, they are instead known for the tendency of siding with authoritarian rulers (Lindhardt 2015a, 29–30). In addition, the born-again Christian faith and its promotion of conservative values often run parallel to the patriarchal social structure of the Acholi society (Porter 2017, 177–178). Thus, the space left to manoeuvre for those who for one reason or other do not adhere to its ideals can be painfully narrow (ibid., 179; Victor & Porter 2017, 601). Furthermore, the church's demand to forgive those who have wronged against the congregants can be too high to fulfil for some, which can cause further distress instead of offering relief.

[65] This similarity between the two practices is not surprising, considering that Euro-American talk therapy is the product of a culture highly influenced by the Protestant faith (Robbins 2001, 905) wherein also lies the roots of the Pentecostal movement. Thus, they both share the same language ideology where a person is thought to be able to convey his or her inner states sincerely, intentionally, and truthfully to others (Keane 2002, 74–76; Robbins 2001, 905). In the Acholi culture, however, this ideology is not as readily shared, as the heart of a person is considered opaque to others, and therefore actions and ritual exchange take precedence from words in social interactions.

her excellent article on born-again Christianity and the healing of devastating war memories in southwestern Uganda. She argues that the born-again church creates a safe space for congregants to discuss their painful memories and release strong emotions that cannot be expressed outside of the born-again environment because of their suppressed nature in wider society (ibid.).[66] The confessions and testimonies open up an avenue for replacing the isolation felt by a person scarred by war to the feeling of belonging to a like-minded group. This creates feelings of acceptance, relatedness, and reciprocity in the war-affected person which in turn strengthens social connectedness and helps foster psychological and social healing (ibid., 215). Thus, the importance of social support in tackling war-related psychological symptoms is found at the core of each healing practice discussed in this thesis.

However, unlike in psychosocial trauma counselling and *ajwaka* rituals, in born-again Christianity the emphasis is not as much on restoring existing relationships as it is in the creation of new and meaningful ones with fellow church members – and first of all – with God. For this reason, the conversion to Pentecostal and Charismatic Christianity is often discussed in terms of rupture as the process entails a full break from the past life, which is visible in the movement's vocabulary of becoming 'saved' and 'born again'. The new-born Christians are expected to fully embrace the born-again lifestyle which, according to Geschiere (2013, 90) and Lindhardt (2015b, 163), can put a strain on, or sometimes even completely severe, ties to non-born-again family members if they are not willing to convert themselves or if they believe in spirits that are deemed heretic by the born-again believers, as already explained in chapter 2.[67]

This would, of course, run against the principle of social harmony in the Acholi society. However, this did not seem to be the case with those converts with whom I discussed. On the contrary, the problems why people reached out to the prayers encompassed a range of issues from physical and psychological problems, financial troubles, land conflicts, and witchcraft, but they all seemed to share an element of distress caused by social relations gone sour at their heart. When I asked from the church members what they were hoping to get delivered from, the answers were usually something concrete, such as taking away the nightmares, but when God had answered their prayers, and the troubles had been

[66] According to Akello (2008, 258), similar forms of suppressing and silencing have taken place in Acholiland as well.
[67] However, Christiansen (2009, 55) notes that in practice a complete severance of kinship ties is rare in Uganda. Instead, most born-again converts maintain connections to their relatives even if the relationships would become strained as a result of their conversion.

solved, almost everyone mentioned the positive effects that the miracle had had on their strained relationships without any prompting. This suggests that mending social bonds is an intrinsic part of healing within the PC/C movement in Acholiland.

Thus, I argue that by forming new intimate relationships with God my research participants were actually hoping to reconnect with lost relationships and promote social harmony in society instead of seeking to break away from them. If we once again build upon Lester's (2013) theory, in born-again Christianity the unmade world of the trauma sufferer is slowly remade by creating a loving and trusting connection to God which is then used to mediate existing relationships with the living. This is done in the born-again church through prayer which together with the PC/C churches' powerful promise of personal transformation, as Tankink (2007, 211) notes, has the ability to restructure the traumatised mind to orient positively towards the future instead of mulling over the past.[68] In my view, one of the greatest healing benefits of born-again Christianity is precisely this ability to form a trusting relationship with God who is then used to foster healing by repairing this-worldly relationships and relieving the distress caused by the upsetting of the cosmological balance in Acholi society.

The stance taken towards the spiritual realm is where the *ajwaki* and born-again approaches differ significantly from each other. After all, the main goal of the *ajwaka* rituals is to repair social harmony through the restoration of good existence between the living and the dead, whereas the born-again faith sees all Acholi spirits as Devil's agents that should be unambiguously opposed within its practice. Thus, the spirits of *jogi*, *cen*, and *satani* are not considered to belong to the sphere of social harmony in the first place, and therefore attempting to make peace with such harmful spirits makes little sense for the born-again Christians. The born-again acknowledge the existence of these spirits and try to protect from them, but the cosmological pollution's eradication – and thus also healing – are entirely outsourced to God. I suspect that one of the reasons behind the PC/C movement's popularity in Acholiland is precisely in its ability to release symptom sufferers from potential supernatural kinship bonds or other obligations and also from

[68] Williams and Meinert (forthcoming) have reached a similar conclusion in their study of trauma and prayer practice in Acholiland. They argue that the rhythm of the repetitive inner prayer work anchors a traumatised person to the present moment, which helps alleviate the flashbacks and other symptoms caused by the trauma that tries to pull the symptom sufferer back to the past. Thus, prayer helps the traumatised person to mend the temporal rupture caused by trauma, gain temporal agency, and make time flow freely towards the future.

regarding the motives of the afflicting spirits.[69] In addition, in born-again Christianity, the healing process is perceived as a less complex (and cheaper) venture than the *ajwaka* rituals which usually take a lot of time and effort to arrange before healing can take place.

Instead, in Pentecostal and Charismatic Christianity, healing happens almost instantly through deliverance and as often as congregants wish to attend prayers. Therefore, the symptom sufferer can perhaps feel that they are in more control of their symptoms than in the other healing practices as through their own actions of praying and attending church services they are able to control when and where healing takes place (Tankink 2007, 220).[70] More importantly, one of the most valued factors for my born-again research participants, who were looking to get delivered from their symptoms, was the practice's reliability. Those former abductees who were still experiencing war-related psychological symptoms and felt that the prayers offered them help generally seemed content with their healing even though the symptoms would return after some time. Here are one of my widowed research participant's thoughts on the matter:

> The dreams disappeared four or five months after I started praying. Up to today, they don't burden me so much because I pray all the time. It still occasionally happens, but then I pray, and it gets off. Sometimes I am badly off in terms of thinking and other things, but when I pray, I get relieved. There's a Bible verse that says "the orphans, the widows, the widowers, God provides for them."[71] So, if I have any problems with those things, I remind myself of that, and I get very strong.

I believe that the reason why partial healing is enough for my born-again research participants is precisely because they know where and how they can find relief when needed even if it would be only temporary. There is no need to get rid of the symptoms entirely, as the born-again Christians' trust in God's healing abilities makes the believers feel empowered and in control. The re-emergence of the symptoms also fits within the PC/C's narrative of the constant and never-ending battle against the forces of evil that the believers are subjected to at all times, as it gives an explanation to the symptoms and shows the need for divine protection and purification from demonic influences through

[69] Victor and Porter (2017, 602) also note that part of the PC/C faith's appeal is in the movement's ability to challenge the authority that *cen* or Satan would otherwise have over the lives of the Acholi.
[70] In her conclusions, Tankink (2007, 228) raises the question of whether it is possible to achieve permanent healing from the wounds of war through the born-again faith or if the believers will need continuous support from the church. The present study suggests that it is indeed possible, as some of my formerly abducted research participants have stopped attending born-again services after overcoming their symptoms. Nonetheless, they still acknowledge the healing powers of prayer as the source of their recovery.
[71] "A father to the fatherless, a defender of widows, is God in his holy dwelling." (Psalm 68:5)

deliverance.[72] Furthermore, my data suggests that those research participants who felt least in control of their symptoms – and were thus most distressed because of them – were also the ones whose relationships were irreparably lost because of the death of their parents or other close relatives. However, my data does not provide a clear answer to this question, as there are too many variables involved to reach any definite conclusions on this matter, but it is something that I believe would benefit from further exploration.

4.5 Summary

In this chapter, I have examined different ways in which the bridges of healing are reconstructed for those shaken by painful war experiences within the three healing practices discussed in this thesis. I have approached this topic with anthropologist Holly Porter's (2017) concept of social harmony and especially the ways in which it contrasts to social rupture caused by illness, which is often seen connected to the creation of cosmological imbalances as a result of moral transgressions committed by individuals in the Acholi society. I have suggested that all three healing practices offer effective ways to respond to traumatic stress and other psychological war-related symptoms and that they share several similarities and differences in their approaches in understanding and tackling the subjective, subjugative, and intersubjective dimensions related to the after-effects of war.

I have argued that the three healing practices resemble each other to the extent that all treatments involve disclosing the committed moral transgressions to others, replacing painful memories with positive connotations, and putting social support at the centre of healing in the hope of mending torn relationships and retethering the symptom sufferers back to the world by following anthropologist Rebecca Lester's (2013) theory of trauma. On the other hand, I have suggested that this retethering follows a different logic in each of the healing practices, as they all position themselves differently in the face of the supernatural realm by either ignoring it, embracing it, or denouncing it to achieve the best possible outcomes for healing, which appeals to the treatment seekers differently depending on their personal convictions and perceptions of the causes of their symptoms.

[72] Lindhardt (2015b, 178–179) likens the born-again Christians' constant need to protect from demonic disturbances to cell phone batteries that need to be regularly spiritually uploaded through prayer. If not charged, their battery can run out, and the believers become easy targets for diabolic attacks.

However, despite the fact that all healing practices discussed in this thesis have the ability to foster healing within their spheres, not everyone seeking treatment from the NGOs, *ajwaka* healers, or born-again Christian faith find lasting healing for their symptoms. In trauma counselling, the opening of a symptom sufferer's heart might not always result in a positive response in the confidants, in *ajwaka* ritual the wrong spirits might get identified and the symptoms continue, and in born-again Christianity God works in mysterious ways, as sometimes pain and suffering are perceived to serve a higher purpose as it did for Job in the Bible.[73] In some cases, the results are not only ineffective but they can leave the symptom sufferers in a worse condition than before trying the treatment. This poses the risk of unravelling the symptom sufferers' worlds even further, which leaves them alone to deal with the psychological and social damage caused by the failed treatments.

In the next chapter, I turn to examine this darker side of healing, namely what happens when the pursued treatment fails to meet the expectations of those seeking help for their war-related psychological symptoms. This requires inspection of the inherent ambiguity that surrounds the illness agents as well as further consideration of the restrictions that intersubjective relations and structural subjugation pose for the former LRA abductees in search of healing for their ailments.

[73] Job is a popular biblical reference often used as the epitome of unjust suffering (see the Book of Job).

5 When healing fails

"The troubles in the homestead
Let the setting sun
Go down with them!" [74]

—

"Let the setting sun take all suffering away!
Let it take them away!
Take, sun-set, take with you all evil as usual!
Let it take all evil away, as usual!" [75]

Early on in my fieldwork, Isaac shared with me an Acholi proverb about the sun which is thought to wipe away all worries and bad deeds of the day as it sets since new dawn will bring new worries in its tow.[76] In the above quotes, this same proverb is rephrased in two different English translations of Acholi poet and anthropologist Okot p'Bitek's work *Song of Lawino* (1972). In the same vein, when discussing the painful experiences that my formerly abducted research participants have gone through, the sunset – or several of them – is hoped to take away their symptoms. For many, it indeed has, as their war-related memories and nightmares have ceased to bother them over time. However, for others, the chosen treatments have not brought any solace, forcing them to keep searching for places where they could find lasting relief. In this chapter, I turn to examine this quest for healing and the various ambiguities and aspirations that encompass it. I begin with recounting my research participant Akello's story after which I move on to analyse the uncertainties that surround her search for healing from the *ajwani* before looking at the intersubjective and structural entanglements that affect symptom sufferers' wishes to find recovery in Acholiland and wrapping up with a summary of the discussed topics.

5.1 Akello and *ajwani*

I want to share Akello's story[77] partly to give the reader a concrete example of the experiences that the former LRA abductees have gone through and partly because out of all my research participants she is the one whose war-related experiences have shaped the

[74] Okot p'Bitek, *Song of Lawino* (1972, 101)
[75] Tabang lo Liyong, *The Defence of Lawino* (2001, 80)
[76] Elaboration on the idea behind this proverb can also be found in the works of Finnström (2008, 4–5) and p'Bitek (1971, 155–156).
[77] Dates, place names, and other details are either left out or altered to protect Akello's identity.

direction of my research the most. When I met Akello, she was a single mother in her thirties. What separated her from my other research participants was the severity of her symptoms. I suspect that she would tick most of the boxes of PTSD criteria even though I neither claim to have any psychological qualifications nor any specific interest to diagnose her with psychiatric conditions. Akello has tried several treatments, but none of them have worked so far. However, she was not defeated by this, as she had yet to try the *ajwaka* rituals which she was certain will cure her of her illness. After all, if it wasn't a medical condition, and it wasn't a demonic possession that was bothering her, surely, it must be the Acholi spirits that have taken hold of her. But before we discuss Akello's symptoms any further, it is best to start from the beginning, namely with her abduction.

Akello's abduction followed a fairly typical pattern of how the LRA recruited new combatants. She was in her early teens when she was captured by the rebels. Akello and her family were sleeping in the bush near their home to protect themselves from the rebel attacks, which was a common practice at the time. However, one night their neighbour got caught by the LRA, and he was forced to reveal the family's whereabouts. Akello got abducted together with her siblings, but they were separated soon after, as the rebels wanted to avoid family members planning to escape together. While in the LRA, she was given as a wife to one of the soldiers, but she also took part in combat situations and several acts of violence during her captivity. Akello gave birth to one child in the bush, and she was pregnant with another one when she was arrested by the UPDF during an exchange of fire near the border of South Sudan. After her arrest, she was brought to GUSCO[78], one of the rehabilitation centres for former abductees, in Gulu. By this time, Akello had spent eight years with the LRA.

In GUSCO, where Akello stayed for a few months, she was given vocational training, but she was not able to continue her schooling which was interrupted by her abduction. She was given counselling and some material aid after which she was sent back home to her family. Akello's mother welcomed her warmly, but she discovered that her father was killed during the war and her mother had remarried. This was a big blow for Akello as her father had been a relatively wealthy man, and she was sure that the father would have had a plan and the means to secure her a brighter future. Her mother's new husband could not help as he had several wives and many children of his own whom he needed to support. As Akello did not belong to his lineage, she had to struggle and find ways to take

[78] Gulu Support the Children Organisation

care of herself and her children on her own, which was tough despite Akello's vocational training as the former abductees were still easily stigmatised and making a living was hard. And then, soon after, the *ajwani* appeared.

The symptoms began gradually four or five months after Akello's return home from the war. First, her behaviour gave only hints that something was wrong, but over time the slightest triggers made her resort to violence and fighting, which she was unable to stop until someone physically intervened. Then, if she was held forcibly, she could start crying inconsolably for days on end. Today, Akello has suffered from the evil attacks, as she calls them, for nearly a decade without any improvement in her condition. She experiences nightmares, hallucinations of LRA soldiers coming after her, and dissociative spirit attacks which can last for several days without her remembering anything that happened while under their spell. Here Akello explains in her own words how the attacks affect her:

> If the evil spirit is not there, it does not prevent me from doing anything. But if it's there, it keeps me out of my senses. I will not think. I will not even hear anything anyone says. It gives me just a gut [urge] to fight and maybe make disturbance around. So, it will disrupt most of my work, sometimes, if it's there. The attack takes up to three days, and it brings me several things like headaches, cold… Even if I go take a test for malaria or any other infection, they don't find anything. But those things happen quite often. So, I like to stay quiet [during the attack]. Sometimes I stay quiet and if anyone asks me anything, and they see I'm quiet, they know to leave me alone.

The attacks have had several negative consequences in Akello's life as the above quote reveals. She was unable to earn a steady income since the attacks made her feel ill for several days before, during, and after the attacks which prevented her from obtaining permanent employment. Similarly, because of the frequent attacks, she was unable to make her relationships last. This pained Akello, as a husband would provide her with both material and social protection, and the status of a wife would strengthen her standing in the eyes of the Acholi society. Living alone, she was renting a small hut in Gulu, as she had a better chance of finding sporadic employment in town than in the village where her mother lives. Akello could not afford to keep her children with her or pay their school fees, which is why the children stayed at her mother's place, but Akello visited the village as often as she could to help with garden work and spend time with her children. She

blamed her symptoms for all her hardships, as she felt that they thwarted her attempts to build a thriving future and claim full control over her life.

Despite these shortcomings, Akello has been active in finding ways to overcome her problems. She went to the hospital several times when she felt the symptoms of an attack coming, but she concluded that the help she received from the doctors was useless, as all they did was give her Panadol and send her away when her test results were negative. There were no follow-ups or referrals to psychological evaluation, and Panadol did nothing to prevent the attacks from happening. Thus, as a staunch Christian Akello sought help from the born-again church, since she had heard that they were more effective than mainline churches in treating similar conditions to her own. She attended regular prayers at a church near her and travelled a far distance to get prayed on by a famous pastor known for his healing skills, but none of these treatments worked. On the contrary, praying made her condition worse by triggering the evil attacks:

> I used to go to church. But now, if I go there, the next day I am down with sickness. I get very sick. Even today if I [would] go [to church], I have to come back and suffer from the sickness. Once I went with my sister to the church. When we were coming back [from the service], I had an attack. When we were going to the church, I was looking very smart. But when I was coming back, I began just rolling on the compound. So, I don't go to church anymore. Even during Sunday, I just don't go.

Furthermore, taking part in born-again church services to get delivered usually resulted in such violent falling and thrashing of her body that she would get physical injuries. For these reasons, Akello had stopped praying and attending church services altogether even though she still considered herself a Christian. However, recently there has appeared another element to her symptoms that demanded urgent action, as the *ajwani* has shown signs of spreading to her children.

> Sometimes the symptoms intensify when I go to the prayers. Sometimes I get them when I am tired. And sometimes it may not manifest on me, but it manifests on the children. First, it started with [my son]. He is very harsh, and sometimes he can even fall down all of a sudden and make himself roam. So, afterwards, it continued on [his brother]. It even disturbs him so much that sometimes he can even grab a stick and start to beat other kids, seriously. Even if you try to remove it from him, he becomes harsh towards the person who comes to stop him from doing those things.

At this point, as other avenues to healing seemed blocked for Akello, the mother convinced her to resort to the *ajwaki*'s help. Akello was opposed to the idea at first as going to the 'witch doctor' ran against her Christian conviction. But after giving the idea a thought, Akello decided to consult an *ajwaka* near Gulu, as she felt that she was not in a good position in life and something needed to be done. Besides, her mother had heard of other former abductees who had recovered from their symptoms by taking part in *ajwaka* rituals, which outweighed Akello's concerns. Consulting with the *ajwaka* convinced Akello of the nature of her illness as hearing who the spirits were and what were their demands sounded reasonable to her. She remembered meeting once an old man on the roadside who had suddenly disappeared, which she identified as the moment that the haunting spirit originally entered her.

Akello's mother took the primary responsibility of organising for the ritual to take place. She asked around her village and found three *ajwaki* working in the area. Based on other people's recommendations, the mother settled for a healer from whom to pursue treatment. They decided to consult with the chosen *ajwaka* to establish the details of the ritual requirements.[79] The *ajwaka*'s analysis of Akello's situation was mostly in line with the previously consulted *ajwaka*'s diagnosis. Akello was suffering from over five spirits – some of them benevolent and others evil – that were responsible for inflicting different symptoms upon her. Some she had caught roaming along the way, others were sent to harm her, and yet others were caused by her own misdeeds. Among them was the ancestral spirit of Akello's grandmother. The grandmother had been an *ajwaka*, but she had failed to pass her helper *jok* to the following generation when she died, and the *jok* was now in need of a new host. The *ajwaka*'s helper spirits also identified *laping*, a wandering, harmful spirit responsible for bad luck and several *cen* of those killed in the war who made Akello fight and do other things that she couldn't later recollect. According to the *ajwaka*, a *yubu kom* ritual was needed to purify Akello from the invading spirits.

The outcome of the consultation instilled hope in Akello, as she now had a clear treatment plan to follow. Akello's mother began to gather ritual requirements so things could finally move forward for her daughter. The prognosis was good, for if the *ajwaka* had managed to cure others, why would it not work with Akello as well? Any uncertainty surrounding the origin of the bothersome spirits had been lifted – at least for the time being. As I am

[79] Akello allowed me and Isaac to be present at this meeting (see chapter 4.3 for further information).

writing this thesis, Akello is still waiting for the ritual to take place and finally find relief for her symptoms. However, if the ritual is to fail, there are still several other options for her to follow. Akello is now aware that there is a walk-in centre operating in Gulu that offers psychosocial counselling free of charge, and there is always the possibility that Akello will agree to be converted into an *ajwaka* so that she could start cooperating with the *jok* that has taken hold of her body to assist others. This way she could take control of her symptoms, turn her condition into something beneficial or even admired, and use her spirits to earn a decent living on the side to support her family.

Next, I turn to scrutinise closer the uncertainty and ambiguity attached to the bothersome Acholi spirits as well as the feelings of doubt and hope which surround the trying out of different healing practices. These matters have already been briefly touched upon in this thesis, but they have not yet been elaborated. I approach these topics with Susan Whyte's (1997, 2002) theories on *subjunctivity* and the pragmatics of trying out which I use as the base for my analysis of Akello's quest for healing from her war-related psychological problems. Furthermore, I reflect on how the failure of tried treatments and the firm hope in Akello's recovery affect her subjective experience of symptoms and her intersubjective relations with others. I also examine the possible implications that the uncertainty surrounding the outcomes may carry.

5.2 The uncertainty of trying out

Akello's tendency to switch between available healing practices described in the previous subchapter is generally known as 'treatment shopping' which is a common practice found in many African countries (Okello & Musisi 2015, 252).[80] Lindhardt (2015a, 27) notes that in general, many Africans are first and foremost pragmatic when choosing which kind of powers they turn to for help as long as the selected approach works. Anthropologist Susan Whyte (1997, 28) has studied the 'pragmatics of trying out', as she calls the phenomenon of treatment shopping, among the Nyole in eastern Uganda. She argues that the Nyole do not classify symptoms as either natural or supernatural but on a continuum based on the sufferer's condition and its development. The Nyole do not

[80] Though I argue that this is a common practice shared by most human cultures as the same tendency can also be found for example in Finland. However, in Uganda, this practice is more visible, as none of the healing practices discussed in this thesis have managed to achieve an equally hegemonic position as medical healthcare has done in Euro-American cultures. For instance, in Finland, the competing practices are readily condemned as humbug and people resorting to them as gullible in public discourse, which has pushed 'alternative' treatments and their practitioners to the margins. Nonetheless, this has not managed to fully extinguish the demand for such services.

examine symptoms in isolation but in relation to other symptoms and social relationships. Thus, the symptoms are assessed in relation to the measures that have already been tried, which is why the perspective can shift from natural to supernatural and back again. Whyte reaches the same conclusion as Lindhardt – what matters to the Nyole is the outcome of treatment instead of their ontological affiliation (ibid., 27–28).

Whyte's description of the Nyole resembles the trial and error of Akello's navigation between the different healing practices.[81] She assessed her symptoms and made an educated guess based on her bodily sensations and personal world view, which suggested to her that she needed to get treatment for malaria from the hospital as is customary for similar symptoms. When it did not work, and Akello realised that something else was at play, she reckoned that the church would help, as she had come to rely on prayers from an early age. When the prayers failed, she was ready to seek help wherever she could find it, even from places that she would not have otherwise considered, such as the *ajwaki* who did not correspond with her moral or religious convictions. However, as long as there was a possibility for a cure, there was hope for recovery. After all, Akello did not claim that she knew the realm of the spirits well enough to definitely rule out the nature or origins of the bothersome spirits afflicting her.

This pragmatic – and often also analytical and critical – evaluation of symptoms is closely related to the uncertainty, doubt, and ambiguity that the Acholi (and the Nyole) feel about the cosmological polluting agents (Meinert & Whyte 2017a, 274; Victor & Porter 2017, 599), which pushes the symptom sufferers to seek alternative explanations for their ailments when previous ones fail. Whyte (1997; 2002) approaches this ambiguous disposition towards illness and affliction with her theory of subjunctivity by which she means the cautious but contingent attitude with which the Nyole react to the misfortunes that befall them. The subjunctive mood, as Whyte (2002, 175) calls it, lends its name from the grammatical mood of a verb that expresses supposition, hypothesis, and possibility instead of stating facts or voicing commands. Thus, subjunctivity is related to the uncertainties that actors experience when they try to achieve something that matters to them. For instance, when they undertake to find a cure for an illness whose outcome cannot be known for sure in advance (ibid.).[82] In the process, the seekers might never

[81] Similar stories of trying out can be found in Victor and Porter (2017) as well as in Williams & Meinert (2017).

[82] In my view, Whyte's theory of subjunctivity is particularly applicable to the study of war trauma as it is a condition which is shrouded in inherent ambiguity and uncertainty everywhere since there is no definitive cure for it. Thus, the uncertainty surrounding war-related psychological symptoms carries a certain level of

reach certainty about the cause of the affliction, but the search itself offers some amount of security for having at least tried (Whyte 1997, 224).[83]

The possibility in subjunctivity also contains the feelings of intention, desire, and hope (Whyte 1997, 211; 2002, 176) which drive the acting subjects forward, as Akello's example clearly shows. What is not known offers endless possibilities, and thus the uncertainty of the future seems paradoxically to guard symptom sufferers against the very uncertainty that it creates. Anthropologist Valentine Daniel (2000, 353–354) quotes philosopher Charles Peirce (Peirce et al. 1934, 5.461) who has said that the "future facts are the only facts that we can, in a [certain] measure, control", as "the only controllable conduct is future conduct". Daniel dissects Peirce's statement and reaches the conclusion that actors have an inferential (and mostly unconscious) perception of what the future holds, which disposes them to act towards the world in order to reduce surprise and shock and to obtain a certain level of control over what is going to happen. Losing this ability – as Daniel argues the bonded labourers in Sri Lanka he studies seem to have – makes the future meaningless. Instead, according to Daniel, what is left is the present moment which is reduced to serve only as "the repository of a deadening past" (ibid., 354).

Daniel's argument about the temporality of subjunctivity resembles Williams and Meinert's (forthcoming) notion on the temporal dimension of trauma which, they argue, has the ability to disrupt the flow of time towards the future. Without finding a way to resequence the temporality of their experiences, the trauma sufferers are trapped in the past and forced to relive their war experiences again and again (ibid.), which effectively makes their future aspirations and plans redundant. Whyte (1997, 4) prompts us to ask what is at stake for the symptom sufferers if we want to understand their experience of suffering. In Akello's case, the obvious answer is the health of the individual, as the symptoms she experiences pull her back to the past and prevent her from achieving her full potential as a social being. However, the question is more complex than that since the experience of illness is always deeply embedded in the sociocultural and moral

universality, as the lack of a cure is not only dependent on the conditions of structural violence or subjugation under state power in Acholiland (as is common for many communicable diseases), but because the understanding of the mechanisms causing it is incomplete in all healing practices, including the hegemonic Euro-American one.

[83] Even though the debilitation and concerns that the symptoms cause are shared by everyone despite their cultural background, I believe that the Acholi are perhaps in a better position to tolerate uncertainty surrounding war-related symptoms than trauma-sufferers in Euro-American cultures where there is a higher need to find a medical explanation behind all ailments. After all, acknowledging the existence of causal forces increases the acceptance that there exist things beyond the intellectual grasp of humans (Schultz & Weisæth 2015, 831–832).

understandings of a given society, as already established earlier in this thesis. Thus, what is at stake for Akello encompasses both subjective and intersubjective dimensions.

If we first examine Akello's inner subjectivity, it is clear that the uncertainty that surrounds the cause of the symptoms has both driving and restraining forces. On the one hand, Akello's determination to find a cure for her war-related symptoms keeps her hopes up and has made her to stay strong even when previously tried healing methods have failed, as the promise of recovery makes her get up after every disappointment, gather her willpower, and continue to try out other options. On the other hand, every failure to find a cure chips away at Akello's confidence in her quest for healing. Borrowing once again from Lester's (2013) theory of trauma, I argue that every failed treatment attempt unravels Akello's shaken world a little bit further. By this, I mean that despite her admirable resilience in the face of adversity with every failure she attaches new negative connotations to the spirit attacks which little by little erode her faith in finding lasting relief for her symptoms. Losing faith and hope can have irreversible and unpredictable outcomes, as healing is always partly dependent on the symptom sufferer's faith in the healing capacities of the selected approach (Baines 2005, 49; Schultz & Weisæth 2015, 832), as explained in the previous chapter.

Intersubjectively, Akello's symptoms have had several consequences both for herself and for others around her. For Akello, the evil attacks affected her interpersonal relationships in several tangible ways: she was not able to live with and wholly provide for her children, and she was constantly in and out of relationships with men whom she wished would take her as a wife but who kept abandoning her when they realised the depth of her problems. Akello's symptoms were also burdening those close to her, as her family members (and sometimes other bystanders) were the ones who bore the brunt of her spirit attacks both physically and emotionally. Akello's mother was already old and fragile, and there was little she could do to protect herself from Akello's assaults apart from surrendering to them and waiting for Akello to stop. Furthermore, and more alarmingly, the children had started to show disturbing symptoms of the same *ajwani* from which Akello was suffering. This meant that what was at stake was no longer only Akello's personal well-being, but the social harmony of the clan was feared to become forever altered – if not completely lost – if a remedy for her problems was not found and the cosmological equilibrium once again restored.

Akello's family has been supportive and understanding of her condition, as they believed that Akello was not responsible for the things that she has gone through during the war. However, the benevolence of other people could not be taken for granted as Akello's recurring abandonment by her husband candidates has shown. Meinert and Whyte (2017a, 277–278) have presented a case study of their Acholi interlocutor who suffers from war-related *cen* and whose two wives have left him because of his violent behaviour which bears a resemblance to Akello's experiences. They approach cosmological pollution with the concept of contagion which, they argue, spreads from the affected person to the extended family and contaminates it (ibid., 279). The problems that began with *cen* then mutate into other problems, such as alcoholism or domestic violence, which in turn have further consequences (ibid., 271, 279). Meinert and Whyte (ibid., 279–280) suggest in their article that one of the ways to become immune to the *cen* pollution is by cutting the connection to the affected person like their interlocutor's wives and Akello's husband candidates have done.

Therefore, the uncertainty surrounding cosmological pollution and helplessness felt in the face of war-related symptoms can also result in family members growing tired and losing hope in finding a cure for the affliction, which in turn can lead to the irreparable severance of ties between the symptom sufferers and their families.[84] This can then result in the collapse of the symptom sufferers' moral worlds as social relationships ultimately keep the symptom sufferers tethered to society in Acholiland where social safety nets are first and foremost based on kinship ties. In the absence of governmental welfare programs, the state institutions have almost non-existent means to offer social protection for those who slip through these safety nets, which once again ties the problems faced by the formerly abducted symptom sufferers to the issues of structural inequality and violence. In this light, it can be argued that Akello's situation is relatively good despite her ongoing suffering as not all former LRA abductees have had the privilege of securing equally strong safety nets as Akello has.

This, of course, raises the question of what happens to those who have been cast out from their moral communities and are forced to operate on the fringes of society. The present

[84] In general, consanguineous relationships are considered stronger than relationships formed through marriage among the Acholi as the former cannot be dissolved, but there also exists several cases where close family members have rejected former abductees for various reasons (see, e.g. Akello et al. 2006, 231, 235; Akello 2013, 151–152). In other cases, the former combatants have lost their close family members in the war in which case it depended on the goodwill of more distant relatives whether they were willing to take care of the former abductees or not.

thesis does not provide an answer to this question since all of my formerly abducted research participants were taking actively part in the society despite the various symptoms from which they continued to suffer.[85] I could not find any research conducted on the matter either perhaps because those who have fallen through all safety nets cannot be easily reached through the commonly used sampling methods or outreach programs. However, I suspect that they have a heightened risk of losing their hope and succumbing deeper into their illness as social support is identified as one of the central factors that foster healing in trauma-related symptoms (Harlacher 2009, 258; Schultz & Weisæth 2015, 832, 834). After all, it is not uncommon to encounter people in Acholiland whose minds have been irreparably broken for one reason or another, and some of my research participants recounted stories of their formerly abducted acquaintances who had not been able to gather their lives together after the war. Furthermore, the lack of social support leaves the symptom sufferers in an in-between state where some avenues of healing become unattainable simply for the lack of funds.

Only time will tell where the future lies in regards to Akello's healing, but everything suggests that there is a promising possibility for her recovery – or at least for the amelioration of her symptoms – as she has been able to cast aside the subjunctive mood and turn the uncertainty surrounding her symptoms into temporary certainty by focusing her determination and hope on the *yubu kom* ritual. The mechanisms of healing behind war-related psychological symptoms and traumatic stress are still partly shrouded in mystery, as neither the experts on human psychology nor the healers and pastors dealing with cosmological ailments have the ability to cure all their clients despite their acquired knowledge and expertise. However, Akello's firm belief in the healing capacity of her chosen *ajwaka*, high expectations for the outcome of the ritual, and strong social support from her family suggest that she has a good chance to turn things around in terms of her recovery.

In this subchapter, I have proposed that uncertainty surrounding psychological after-effects of war cuts across the dimensions of subjectivity, structural subjugation, and intersubjectivity illustrated through the experiences of my research participant Akello.

[85] Four of my research participants, two men and two women, had lost both of their parents during the war. The women were able to form new social bonds through marriage, whereas one of the men was taken under the wing of relatives, and the other one felt responsible to stay strong and carry on for the sake of his child whose sole caretaker he was. All of these research participants had experienced severe psychological problems after their return back from the war, but all mentioned that their symptoms had either somewhat reduced or stopped over time.

Next, I turn to further examine the intersubjective entanglements that tie the symptom sufferers to this-worldly relationships in various ways. I argue that these relationships are equally shrouded in uncertainty, but regardless they keep influencing and guiding the treatment-seekers' decisions on their quest for healing from their war-related symptoms.

5.3 Intersubjective entanglements

The feeling of uncertainty is not only reserved for the origin of symptoms experienced by the former LRA abductees and others facing inexplicable afflictions. Instead, uncertainty serves as the undercurrent of social relationships which shape the experience of illness as well as its possible outcomes. Relationships and social support have the ability to promote healing, but they can also direct and limit the scope of available help. In order to find healing, my research participants needed to navigate the entangled web of intersubjective obligations and expectations as they wanted to pay respect and listen to the advice of those intimate to them. However, at the same time, my research participants often experienced gnawing doubt about the motives of helpers whose hearts were shrouded in mystery. In the next subchapter, I turn away from the afflicting spirits to examine the uncertainties surrounding the relationships my research participants formed with their kin as well as the treatment providers – both of whom play a central role as the gatekeepers to healing.

5.3.1 Relatives

Social relationships can serve as a great asset for symptom sufferers on their path towards healing from war-related psychological symptoms, as I have argued throughout this thesis. In many cases, family members are the first to notice symptoms in the former LRA abductees, they form social safety nets that take care of the affected, they take part in the search for possible cures, and their encouragement and words of acceptance can instil hope in the future for those reliving their disturbing war experiences, as Akello's example shows. At the same time, the relationships my research participants have formed with their spouses and extended families were fraught with tensions caused by mutual obligations and unfulfilled expectations that lie at the heart of all social relationships. However, in the closeness and intimacy of social interaction lies also dangers as the tensions give rise to the feelings of insecurity and uncertainty which, in turn, can have negative implications in the former abductees' quest for healing and their aspirations to maintain social harmony in the Acholi society.

There are several factors that contribute to the uncertainty of social relations which are widely considered as fragile phenomena that can become easily subverted and disrupted, as Myhre (2009, 133) notes. One notable factor is that social interaction always carries a certain level of ambiguity and opacity, making it prone to misunderstandings and knowledge gaps which in turn creates uncertainty that manifests itself in different ways in different contexts (Berthomé et al. 2012, 130). In Acholiland, this opacity is typically conceptualised in the metaphor of the heart that conceals the innermost thoughts and feelings of an individual beyond the reach of others, as explained in the previous chapter. Uncertainty felt towards other people's emotions and conduct can easily transform into the subjunctive feelings of guilt, suspicion, or doubt (Myhre 2009, 133, 138) which in the Acholi context can sometimes evolve into the fear of witchcraft. Witchcraft – or the dark side of kinship,[86] as Geschiere (2013, xvi, 14) calls it – can, therefore, be understood as a cultural manifestation of the complexity of intersubjective entanglements inherent to close relationships.

Witchcraft was also considered the usual suspect behind different forms of misfortune encountered by my research participants – their war-related psychological symptoms included. For instance, the *ajwaka* that Akello consulted with divined that some of the spirits she was suffering from were sent to bother her by jealous relatives hoping to harm her.[87] Furthermore, many of my research participants had experienced strained relations with their in-laws and extended families because of their background as former LRA abductees, which can create bitterness in the hearts of both parties and make them susceptible to resort to witchcraft. Thus, the uncertainty arising from tensions in social relations is considered to pose a substantial threat to the symptom sufferers' well-being as well as to social harmony which is bound to become upset by animosity and quarrelling. This reveals one of the paradoxes surrounding intimate relationships in

[86] In many African cultures – the Acholi among them – witchcraft is perceived first and foremost as a relational issue that expresses unsolved social tensions caused by either conscious or unconscious wrongdoings against others. Van Beek and Olsen (2015, 14) argue that the fear of witchcraft rises from the understanding that the self is never considered guiltless, and thus the other party might have a moral claim (for instance based on their seniority (Whyte 1997, 157–158)) to resort to cursing or witchcraft which further emphasises the ambivalence and ambiguity experienced in social relationships.

[87] What is interesting to note is that symptoms caused by witchcraft blur the line between my research participants' war experiences and hardships encountered at home, which together form their current experience of psychological symptoms. This illustrates how the symptoms my research participants experience today cannot be neatly separated into the categories of 'past trauma' and 'present distress', as they form a single experience that stretches from the past all the way to the present shedding some parts and acquiring others along the way. This bears a resemblance to Lester's (2013, 755) notion of trauma as a continuous and forever transforming phenomenon.

Acholiland, as social relations that hold the power to foster healing and offer support are also able to cause the very symptoms that they have the power to alleviate.

Another factor causing uncertainty in social relations is connected to the nature of intersubjectivity, which always entails a conflict between subjective agency and social subjugation, as the subject needs to balance between obtaining a sense of control over his or her own life while at the same time being an object of others' control (Christiansen 2009, 49). In many ways, the tight-knit Acholi sociality is good brewing ground for relational uncertainties as individual lives are entangled with each other in a host of ways socially, economically, and emotionally. One of the defining aspects of Acholi intersubjectivity is the society's hierarchical structure, where power dynamics are most prominently shaped by patriarchalism and seniority, as already discussed in chapter 3. I argue that the patriarchal and gerontocratic social structure has had a far-reaching impact on my research participants' quest for healing, as it subjugates younger generations under its rule and gives considerable power for senior relatives to decide on the youth's behalf.

The lives of the former LRA abductees are in many ways different today than they were upon their arrival back from the war. However, as most of my research participants started experiencing their symptoms soon after their return back to civilian life and their experience of war-related symptoms have shaped – and continue to shape – their lives in several ways, it is important to understand how the immediate post-return experiences and relationships keep influencing their opinions and decisions today. When the former abductees returned to their families from the LRA's ranks, they were situated in a socially and emotionally fragile place fraught with uncertainties. Many had stayed away for a long time, and some were forced to commit atrocities against their families and communities upon their abduction to discourage escaping, whereas others came back with fatherless children. Thus, many returnees were uncertain whether they would be accepted back to their home communities, and even though most of my research participants eventually felt that they were welcomed warmly by their close kin, they had to start building their post-war lives on fragile foundations.

One way for a child[88] to strengthen one's social position is through obedience which is a way to show respect to elders in the Acholi society. Showing conformity to social

[88] Many of my research participants occupied the social position of adolescents upon their return regardless of whether they were underage or not, as they were dependent on their kin and perceived to have been under foreign and harmful influences that required them to become reintroduced to the Acholi way of life

expectations can also be a way to express agency and a strategy to expand one's capacity to exercise it, as Porter (2017, 38) reminds us. In the case of my research participants, by being respectful and obedient, the former abductees showed to their kin that they were good people who had socialised back to the Acholi society and unlearned their 'bush ways' under which all their quarrelsome or headstrong behaviour was readily categorised by relatives and neighbours alike. It is common in Acholiland that children do not question the decisions of their parents out of respect even in cases where fundamental decisions are made concerning their future or well-being. Here is how one of my formerly abducted research participants – who was 18 at the time of her return – remembered her homecoming:

> I was pregnant when I came back, but I did not want to have the child. My father also wanted to remove it, but my mom refused, as she was scared that it [abortion] will make me lose my life. So, I ended up having two children – twins. They were taken to the babies' home [orphanage] when they were young by my sister. She thought it wise to take these kids to the babies' home, as they would be kept better there than the way I could have kept them at the time.

Therefore, in some situations being respectful made it possible to exercise subjective agency, but it also had the ability to restrict it. The hierarchies within families and the obedience expected of children were also creating boundaries and narrowed the scope of available treatments for some of my formerly abducted research participants seeking to overcome their war-related psychological symptoms. In all cases I encountered, these restrictions were imposed by family members whose Christian (usually born-again) convictions had prevented my research participants from participating in any mild cleansing ceremonies or *ajwaka* rituals that could be interpreted as 'traditional' or ungodly, which effectively ruled them out as treatment options. Here is how one of my research participants – also 18 upon his return – responded when asked whether he had visited an *ajwaka* to get rid of the bothersome symptoms:

> I was told [in a rehabilitation centre] that *nyono tong gweno* and other things will be performed, but when I came back home, I found out my elder brother was a born-again

before they could retain their social standing in the community. According to my limited data, only those who had started their families before their abduction, and thus were also expected to return to their spouses and children if they were still alive at the time, were considered full members of society right after their return.

> pastor, and even my mother had converted to born-again faith. So, they did not allow any cleansing or rituals to be performed on me, and I did not undergo any. It was just prayers.

Following the senior relatives' wishes was not usually seen in a negative light. On the contrary, their greater life experience was acknowledged, and their advice and guidance were generally appreciated by my research participants. Especially as those who had been abducted when they were young or had spent years in the LRA felt that they had become estranged from some of the Acholi ways since the LRA followed their own doctrine that borrowed, but was somewhat separate, from the Acholi customs (Titeca 2010, 65).[89] Furthermore, most of my research participants were contented with the help they had found from the church, as prayers kept their symptoms at bay, and therefore they did not feel the need for trying out different healing methods like the urgency of Akello's symptoms had prompted her to do. However, for those who could not find relief from the church it was a different story, as another research participant's – who was 21 when he returned – account reveals:

> I come from a very religious family. They only believed in Jesus Christ. So, I was taken by my mom to the church to be prayed on. But to the witch doctor to get some traditional help, I have never been to such kind of place. But there was nothing, like any thorough changes that came as an aftermath of the prayers. [...] I don't think there's any treatment for the dreams. Sometimes they say that the prayers can help, but nevertheless, sometimes you can pray and stay only one week without them [nightmares], and then you start dreaming about the same thing again. So, I have concluded that there is nothing, like no cure for that thing.

The above quote shows how the senior relatives' strong disagreement with certain healing practices can contribute to the former abductees' disillusionment in their ability to overcome their symptoms. In this case, the mother's opposition ended up influencing my research participant's decisions and shaping his treatment path well into the future. My research participant's symptoms were relatively mild, and they did not restrict his daily life enough for him to search for alternative treatment options despite his acknowledgement of the prayers' inadequacy. My research participant had later started a

[89] Allen (2006, 38–39) and Titeca (2010, 66) mention the LRA's hostile stance against and the persecution of the *ajwaki* being part of the LRA's doctrine even though its leader Joseph Kony's background reveals him having worked as an *ajwaka* before his military career. It is an interesting question to ask whether the LRA's negative stance against the *ajwaki* has had any influence on the somewhat low utilisation of their services among my research participants or not. However, I was not aware of this information at the time of my fieldwork and the topic did not come up in any of my interviews. Therefore, this study does not provide an answer to this question.

family and become the head of his household, which had gained him a certain level of independence from the elders' opinions. However, he was reluctant to try out different healing methods, as he wanted to avoid creating unnecessary tensions in his household and considered all the quarrelling to outdo the treatment's possible benefits. In other cases, the symptom sufferers might simply lack belief in the *ajwaki*'s, pastors', or medical doctors' healing capacities which among the Acholi is considered a prerequisite for the chosen remedy to work, as Victor and Porter (2017, 599) note in their article.

Regardless, I argue that the senior relatives' uncontested authority can end up doing a disfavour to symptom sufferers similar to Akello who cannot find solace from the first tried remedy and whose treatment options in Uganda are few to begin with. Thus, the elders' right to limit available treatments – even if it was done with the best interest of the affected person in mind – can be highly problematic and potentially damaging for the symptom sufferers' well-being. For instance, Porter (2017, 180) recounts the story of one of her interlocutors who had been raped, but her parents had denied her to partake in ritual cleansing because of their born-again affiliation. The interlocutor suffered from reproductive issues later in life, and she was certain the reason was her rape that had not been properly ritually dealt with (ibid.). This shows that the seemingly benevolent guidance of senior relatives can have unpredictable, negative consequences in the lives of those subordinated under the elders' power. This, in turn, can create further uncertainty and bitterness in the symptom sufferers whose wishes have been cast aside or ignored and who are then left to live with their symptoms without much hope for recovery.

In this subchapter, I have suggested that fear of witchcraft and the power dynamics of the Acholi society allow the kin to exercise considerable influence over those suffering from several types of psychological symptoms, sometimes in the interest of social harmony and other times influenced by their personal convictions. In some cases, their guidance has been helpful, but in others, it can end up increasing uncertainty and desperation instead of dispersing it. However, even though my research participants needed to navigate the sea of contradicting expectations and wishes of their kin, the ability to heal was beyond either one's power. Next, I turn to examine the *ajwaki*, doctors, and pastors who are the ones holding the keys to healing in their hands.

5.3.2 Treatment providers

Symptom sufferers' relationship with healers follows a different logic than with their relatives. Social relations with the latter are formed through blood or marriage ties which always entail intimacy that cannot be lightly broken. However, relationships with treatment providers are based fully on voluntariness. Their company is sought because they claim to possess something that the symptom sufferers lack, namely the ability to heal the affected from their ailments. Thus, in many ways, the interaction with healers resembles the relationship between a buyer and a seller rather than a parent and a child, which presupposes intersubjective power dynamics where the subjection under the other's power operates both ways even though at first glance the desperate symptom sufferer appears to assume the role of an underdog. This is ample ground to birth uncertainty, as the power to heal – which is often perceived to walk hand in hand with the power to destroy (Geschiere 2013, 123; Lindhardt 2015a, 26) – can turn into the feelings of suspicion and distrust if the tried treatment does not deliver what was promised or when the healers' motives become questioned.

In each of the three healing practices discussed in this thesis, the relationships formed between the symptom sufferers and treatment providers differ from each other and also the uncertainties surrounding these relationships acquire different forms. However, the common denominator in all seems to stem from the contradiction that the healers – who are expected to have a calling to help others – are also acknowledged to engage in their trade for profit, which means that the practice of healing is always bound to contain an element of self-interest. Furthermore, as strangers, the treatment providers do not have any moral obligation to act on behalf of the treatment seekers, which is liable to cause suspicion and doubt about the healers' motives. It effectively reduces the mutual relationship into that of a transaction of healing powers for money, faith, or labour, where both parties try to negotiate the best possible deal. Over time, this relationship might evolve into that of trust and gratitude, especially if the symptom sufferers' state improves, but the path there is as equally fragile and fraught with uncertainty as the quest for healing from war-related symptoms.

Therefore, the interplay between trust and distrust that stem from the uncertainty felt first about the origin of symptoms and then about the fragility of care relationships is central to understanding the arguments I intend to make in this subchapter. According to Pedersen (2015, 108–109), trust and distrust in social relationships exist on a continuum

that takes either one or the other as a starting point and then slowly works towards the other in social interaction which either confirms or discards the premise of trustworthiness. Thus, trust is a disposition that needs to be experimented and negotiated, which suggests that it is partly socially conditioned and partly subjectively experienced (ibid., 105). The willingness to trust can shift on the continuum when elements of uncertainty in the care relationship change into that of certainty and back again, which means that trust-building as an endeavour resembles the gradual retethering of a traumatised person back into the social world by taking steps both forwards and backwards before reaching a hopefully positive outcome. Meinert (2015, 120, 130–131), who builds upon Pedersen's theory, argues in her article on estranged kinship relations that the Acholi are inclined to take distrust rather than trust as the departure point in their lives shaped by years of armed conflict and uncertainty that the war has brought along with it.

I argue that in Acholiland, the subjunctive hope for recovery serves as the driving force that compels the symptom sufferers to take a leap of faith and make the conscious decision to place their trust in the treatment providers despite their mainly distrustful presupposition. This seems to be true at least in the case of public healthcare in Acholiland where deep distrust felt towards the Ugandan government reflects on the distrust that many Acholi express towards the quality of healthcare. This distrust then manifests in a wealth of rumours and gossip I encountered during my fieldwork which claimed that the government is causing epidemics deliberately in the northern region as well as trying to poison citizens with chemically treated mosquito nets and shady public health campaigns. Similarly, the poor state of public healthcare has made patients to question the sincerity of health workers who are easily interpreted as immoral, money hungry, and willing to put their self-interest before the patient's well-being if not given sufficient bribes. In the circulating rumours, the doctors were known to either refuse to attend to patients and simply allowed them to die or sometimes even gave patients deadly shots while claiming they were vaccines.[90]

[90] However, these rumours were not entirely without grounds, as the government policies continue to disfavour the northern region and the media frequently reports cases of gross misconduct and corruption that take place in Ugandan healthcare sector which both increase the plausibility of far-fetched-sounding rumours in the eyes of the public. For instance, Dolan (2009, 166) gives an illustrative example of the extent of medical doctors' corruption and inappropriate behaviour in his book, which closely resembles some of the rumours I heard during my fieldwork. Therefore, I do not consider it my place to evaluate the truthfulness of these claims, as sometimes the most outrageous claims prove out to be true and vice versa.

In addition to distrust in government policies and institutions, the most notable reason behind the rumours I heard was the lack of knowledge in the causes of illness and medical procedures that sometimes seemed incomprehensible to my research participants. Lack of knowledge made them suspect the health workers' competence but also made it difficult to question the doctors' authority when they administered treatments or drugs even when patients ended up experiencing unwanted side-effects which further fuelled their suspicions. Moreover, as Akello's experience of seeking help from the hospital only to be given Panadol and then being sent away shows, the health workers' inability to adequately respond to mental health problems caused some of my research participants to grow disillusioned and disappointed in the available help, which sometimes transformed into doubt and distrust towards the public sector's ability to provide meaningful care for its patients. And yet, the public sector continues to be the only place to receive help for many ailments since Gulu Referral remains the only hospital to offer comprehensive mental health services and public sector referrals to psychosocial trauma counselling in the Acholi subregion. Therefore, there are not many other options for treatment seekers but to cast aside their suspicions and put their trust in the hands of doctors in order to find relief for their symptoms.

In a similar vein, the *ajwaki* were often perceived in an equally suspicious light as they posed the risk of revealing themselves as self-seeking charlatans instead of legitimate healers possessing curative powers. According to Geschiere (2013, 82), the fear of becoming associated with charlatans runs deep in many African societies – and the Acholi are certainly not immune to it – but the high expectations in the rituals' efficacy make treatment seekers to defy their doubts and engage in intersubjective relationships with healers. However, even though there is no foolproof way to tell genuine *ajwaki* from the fake ones, my research participants did not enter these relationships head-on, as there exist several techniques to test the legitimacy of the healers. These techniques were used to minimise uncertainty felt towards the *ajwaki* but also to retain some level of control and agency over the ritual authority of the healers, as the symptom sufferers could exercise their leverage and choose to take their money elsewhere before engaging in the care relationship.

The techniques applied to vet legitimate *ajwaki* from hoaxes included asking for recommendations from others and choosing a healer with a good reputation and healing record, as Akello's mother had done. Furthermore, the comparison between different

ajwaki, critical evaluation of their skills as well as the questions that were asked during the initial consultation and the *ajwaka*'s willingness to negotiate about the ritual's price were all points that Akello considered after her consultation. Isaac explained that it was also important to know details about the chosen *ajwaka*'s background since charlatans were known to change their location often not to get caught. Instead, if the *ajwaki* had made their permanent homes in the communities and the villagers knew their life stories, it was a sign of their legitimacy. However, despite all vetting and applied protective measures, the only way to receive final reassurance was by deciding to push the feelings of uncertainty and distrust aside, try one's luck, and hope for the best, as Akello had decided. If the ritual does not work, it is left for the client to decide whether to continue the care relationship and try again or give in to uncertainty and accept defeat.

The symptom sufferers' relationships with both *ajwaki* and doctors suggest that trust is not something given but rather something that must be earned with time and positive results. However, I argue that the intersubjective relationships formed between treatment seekers and born-again churches adhere to a somewhat different logic, as in the churches trust instead of distrust appears to be taken as the departure point for the care relationship by my research participants. The Christian church is an institution which is highly regarded and trusted by most Acholi because of its long-standing role as a provider of social services and moral support. Therefore, there exists no similarly negative presuppositions attached to the pastors as there exists in regards to the health workers and *ajwaki*. I believe that there are two reasons behind this: Firstly, the existence of God is not questioned by the majority of Acholi, and the church is seen as a morally upright place offering healing and social support, and thus it is widely acknowledged as the locus of positive, loving energy rather than the home of ambivalent and potentially dangerous forces. Secondly, the healing powers of pastors are easy to witness, as God's presence reveals itself constantly in the acts of deliverance of regular churchgoers, which is why it appears much more uncontested than the *ajwaki*'s hidden skills or doctors' incomprehensible procedures.

The deliverance experienced personally, but also witnessed on others, served as a convincing proof of the born-again pastors' legitimacy to my formerly abducted research participants. However, it was widely acknowledged that not all pastors are equally in God's favour, but the healing powers reside in particularly potent individuals and specific churches, as the quote on page 74 by one of my formerly abducted research participants

about her healing experience suggests: "I want to thank God and acknowledge the fact that he is present *in this fellowship*" – instead of any other. The caution to contest others' healing experiences was also evident in my research participants. For instance, Akello did not dare to question the existence of healing capacities of the born-again pastors she had engaged with as she had witnessed with her own eyes how deliverance had worked for others. She merely shrugged and concluded that despite her numerous attempts, for one reason or another, it had not worked for her.

The born-again pastors are often relatively well off, and they enjoy respect and prestige brought along by their trusted position, but it also means that the pastors' success and admiration are largely dependent on their healing powers and moral standing in the born-again community. However, the trustful presupposition towards pastors means that if they fail to play their part and upkeep the moral standards that are expected of them as God's faithful servants, they could end up losing this trust. Here is how one of my formerly abducted research participants explained how she lost her faith in the pastor of the church she regularly attended:

> When I came back [from the bush], I had *cen*, the evil spirits, that used to disturb me, but I found the solution with the church. I went to one of the born-again churches in [place name] where I used to pray for the problem to get better. But it is unfortunate that the pastor of the church raped some girl, and we came to hear about it. So, I had to leave that place. I searched for a new place and came to the [church] for a charismatic service. I have been going there ever since.

The above quote reveals that the pastors are sometimes fallible and that their trustworthiness is measured against their conduct. If they fail to resist the Devil's temptations as is expected of them and put their self-interest ahead of the congregation's, they could be stripped away from all of their glory and moral authority. Regaining the congregation's trust afterwards is not an easy task. Thus, the breach of trust can shatter the treatment seekers' positive presupposition regarding the pastor's trustworthiness and legitimacy,[91] making the symptom sufferers to re-evaluate their perception of the born-again healers.[92] This, in turn, can lead to the abrupt breaking of the care relationship as

[91] Pedersen (2015, 104–105) uses the term 'horizon of expectations' to describe this trustful or distrustful presupposition in relationships. She argues that the changes in the horizon of expectations can have world-shattering consequences, as it can turn the individual's judgment of others' trustworthiness upside down (ibid.).

[92] However, sometimes the born-again pastors themselves indulged in fearmongering, as they deliberately fuelled uncertainty and distrust by undermining the work of other pastors with their warnings of the

had happened in the case of my research participant. Such shattering of trust is bound to increase the feelings of disappointment, disillusionment, and suspicion towards the piousness and sincerity of the clergy, which in turn can negatively affect the recovery from war-related psychological symptoms, especially as rebuilding the trust relationship in another congregation can take considerable time and effort.

In this subchapter, I have proposed that intersubjective relationships formed between symptom sufferers and treatment providers are equally complex and fragile as the intimate relations formed with kin even though they take relational distance and voluntariness instead of intimacy as their departure point. The uncertainty felt towards the treatment providers' closeness to state power, the opacity of healing powers, and potentially hidden motivations provide ample grounds to breed suspicion and distrust about their legitimacy in a system where all available options pose their own risks. This can affect the care relationships and my research participants' quest for healing in negative ways unless the treatment seekers are willing to consciously cast their distrust aside, put themselves in a potentially vulnerable position, and decide to have faith in the treatment providers' ambiguous powers. And even then, trust remains a tricky, open-ended endeavour, as Meinert (2015, 199) calls it, as the failure of trust in the care relationship can end up crushing the symptom sufferers' hopes and expectations regarding their recovery, pushing healing further beyond their grasp and forcing them deeper into the web of uncertain, intersubjective entanglements.

5.4 Summary

I began this chapter with a proverb about the setting sun which holds the power to summon all evil along with it at the end of the day. Thus, the sunset entails closure, which is why the proverb is also used as a common phrase to end many Acholi healing rituals (Harlacher 2009, 201, 208, 217). However, this closure is conditional and open-ended, as there always comes new dawns with new worries in its wake. In my view, this metaphor describes well the situation in which some of my research participants have found themselves, as the continuous symptoms have forced them to try out different healing methods in the hope of finding relief from their painful war memories instead of prolonging their suffering. The proverb also captures the nature of ailments in Acholiland as for the Acholi healing is never final but an ongoing process where human and

existence of false prophets. According to my interpretation, this was done partly to promote their own competence as healers and partly in the hope of harnessing religious competition with other PC/C churches.

supernatural subjects continue to interact with each other in complex ways, as Victor and Porter (2017, 599–600) remind us. New dawn brings new social tensions in its tail, and the tensions bring uncertainties that have the power to shake up the cosmological equilibrium, which results in new symptoms and worries, as I have argued in this chapter.

I have also suggested that the search for healing is shaped by relationships that symptom sufferers form with others as along with enabling healing – as the family's support has done for my research participant Akello – social relations can play a central role in hindering or even obstructing it altogether since potential treatment trajectories often get entangled in the complex web of subjective wishes, structural constraints, and intersubjective expectations that need to be successfully negotiated before healing can take place. However, navigating the web of Acholi intersubjectivity requires withstanding and overcoming the gnawing feelings of suspicion, doubt, and distrust while maintaining the subjunctive mood of possibility and hope for recovery, as I have argued following Susan Whyte's (1997, 2002) theory of uncertainty and subjunctivity. Striking a balance between these two opposite poles is not easy, as I have depicted in this chapter since they stem from the same source of fragile human relationality that can either make or break my research participants' expectations regarding their quest for healing.

Intersubjectivity is always interdependency (Francis Nyamjoh 2002, 111), a notion which also applies to the social entanglements of my formerly abducted research participants. I have proposed that kin and treatment providers – who play the important role as gatekeepers to my research participants' healing – have the power to direct and limit the former abductees' access to treatment with their moral and professional authority. The symptom sufferers have developed techniques to contest this authority, but in the end, if they wish to advance on their quest for healing, they need to make the conscious decision to depend on these fragile relationships and subjugate under their rule even if they pose the risk of symptom sufferers becoming bewitched or deceived, which in turn can lead to disillusionment, disappointment, and loss of hope in finding a lasting cure. Fortunately, there always comes new dawn full of promises for the new day.

6 Conclusions

"If you make up your mind about the nature of elephants
based only on a narrow vision,
you would decide that they are rough,
wrinkly, and grey animals with no mouths or eyes –
but you would have only looked at the left buttock.
But if you really want to understand the great beast,
you will need to look at it in its entirety,
hairy bottom included." [93]

When I began studying anthropology at university, I was not particularly interested in the magical side of existence. Sure, I read about E.E. Evans-Pritchard's classic examples of the Azande understandings of causality and found them thought-provoking but still far removed from my own life. Therefore, when I visited Acholiland for the first time, and the seed of this research started growing in my mind, I wanted to focus on this-worldly affairs – such as the reintegration of former LRA rebels – instead of meddling with the cosmological realms of which I understood nothing. Obviously, as this thesis shows, things did not turn exactly the way I had thought. The above quote, an Acholi illustration recounted in Porter's book (2017, 18), refers to rape as the uglier side of the elephant. It reminds us that we need to look at the whole, with all its faults, to understand the lived experiences of the Acholi. However, for me this illustration resonates in a different way, as it reminds me that I cannot just pick and choose the aspects of culture I want to study, but I need to look at it in its entirety, with its spirits, demons, and rituals included, to understand the particulars I am interested in.

I bring this up because even though the topic of this study is the subjective war experiences of my formerly abducted research participants, this thesis is the product of my own subjective choices and preferences as a researcher, and as such it offers only a partial and predefined peek into the lives of my research participants. My personal interests have steered the direction of my fieldwork towards the war-related symptoms of the former LRA abductees, which has made me pursue certain leads while ignoring others. It is my subjective self that got curious in the trying out of different healing practices, which set the present research in motion. However, it was also me who had no

[93] Holly Porter, *After Rape* (2017, 18)

trouble asking ignorant questions about the Acholi spirits since no one expected me to know anything about them. At the same time, I was ashamed to admit that I was completely oblivious of the Bible passages that were constantly referred to me as my interviewees expected them to be familiar to everyone. Therefore, in many ways, this thesis is as equally my personal attempt to understand the experiences of my research participants as it hopes to be an analytical ethnographic account of the lives of former LRA abductees in the post-conflict northern Uganda.

The above-mentioned insecurities were not reserved only for me as I came to learn along my fieldwork, but they equally affected my research participants and the image that they wanted to present about themselves. It felt that they had built clear narratives of their abduction and war experiences – partly polished by the years that had passed on between the events and their memories and partly to fit what they expected I wanted to hear. However, many were less prepared to discuss their personal lives and the present moment, as they thought I was more interested in the war than themselves as persons. Some repeated their painful stories with striking honesty while others were understandably more reserved, as I was practically a stranger to them. I expected to hear some half-truths for this reason, but what surprised me was the things that I was lied about, as they had not so much to do with the war but relationships. I interviewed the long-time wife of my research participant only later to find out that she was, in fact, his lover, as he was too ashamed to admit that he had left his family to pursue a relationship elsewhere. I was lied about having a husband when there was none and about the number of children, as it revealed that my research participant had had more partners than she wanted to disclose.

Thus, it could be argued that all topics discussed in this thesis boil down to the complexities of human relationality in its different forms. Perhaps, for this reason, I was drawn to Rebecca Lester's (2013) theory of trauma as it treats the condition first and foremost as a relational injury. This is how I have also come to understand my research participants' life experiences which have been defined by a series of interrupted relationships. First, the abduction violently severed the former abductees from their families which was followed by the often equally abrupt return that tore my research participants from their social connections in the LRA. Then, when the symptoms started, they prevented my research participants from fully relating to the surrounding society as the symptoms forced them to form new relationships with the invading memories and cosmological agents often on the expense of established ones. And lastly, when my

research participants wanted to pursue healing it was done in interaction with the kin, treatment providers, and healing powers alike in the hope of retethering the former abductees wholly back to the present world while posing another risk of dissolving relationships if the tried methods failed to bring relief.

In this thesis, I have examined how the former LRA abductees make meaning of their subjective experience of war-related symptoms within the three ontologically different healing practices of public healthcare and trauma counselling, *ajwaka* healers, and born-again Christianity as well as traced how these experiences have guided the former abductees' search for healing. I have approached these questions through the three-dimensional theoretical framework of inner subjectivity, structural subjugation, and intersubjective relations. I have proposed that my research participants interpret their war-related symptoms through their inner, bodily experiences that find their meaning in relation to their war experiences, personal convictions, and subjective understanding of the world which inform whether the origin of the symptoms is related to this- or other-worldly concerns and steer the symptom sufferers towards their preferred healing practices. However, this search is shaped by external constraints caused by the complex dynamics of economic and sociopolitical subjugation, hierarchical social structure, and intersubjective power relations that can either enable or challenge the former abductees' access to healing.

Furthermore, I have analysed the connection between healing and relationality in the context of the three healing practices through Holly Porter's (2017) concept of social harmony which proposes that the central principle of the Acholi social life is the maintenance of good relations between both the living and the dead. Building upon this concept, I have argued that each healing practice follows its own ontologically informed logic in retethering the symptom sufferers back to the world and, despite their differences, all of them hold the potential for repairing relationships and alleviating war-related symptoms within their spheres. However, I have also analysed situations where the preferred healing practice has failed to bring relief for the war-related symptoms, forcing my research participants to expand their search for healing outside of their trusted relationships. I have argued following Susan Whyte's (1997, 2002) theory of subjunctivity that the hope for recovery drives my research participants forwards, but the existence of symptoms can also raise uncertainties concerning their origin as well as the sincerity of relatives and treatment providers which can be counterproductive to healing.

I have also emphasised that neither the experience of war-related symptoms nor their subjective interpretations follow one clear treatment trajectory for my research participants as the Acholi approaches to psychological ailments are open for multiple explanations. Thus, the symptoms' origins are contested and multivocal since they can be understood for instance in the context of demons, spirits, or nightmares, the latter of which do not necessarily bear any specific cosmological baggage. This is noteworthy, as I feel that the study of trauma among the Acholi has revolved predominantly around the concept of *cen* and the so-called traditional Acholi rituals ever since the publication of Sverker Finnström's influential monograph (2003, 2008) on the lived realities of the Acholi living in the midst of war and displacement. As a result, I feel that other forms of healing have been largely overlooked until recently when articles by Victor and Porter (2017), Meinert and Whyte (2017a), and Williams and Meinert (2017) were published which expand the understanding and question the narrow representation of war-related symptoms in northern Uganda beyond the *ajwaka* rituals and *cen* possessions.

This is also what I have aimed at with my own research. I was not aware of the existence of these articles when I began my fieldwork in October 2017, as my literary review had focused predominantly on the reintegration of former LRA abductees, and the study of war trauma was still only one of the bypaths in what I expected my research to cover. However, the works of the researchers mentioned above have helped me to understand my data better and allowed me to build upon their work in this thesis. Meinert and Whyte (2017a) and Williams and Meinert (2017) have focused on the contagious and contaminating elements of 'those things' and Victor and Porter (2017) have examined cosmological pollution's relationship to politics of belief and moral authority, whereas the present study has brought the complexity of intersubjective entanglements and their relation to healing to its centre. Thus, my thesis hopes to contribute to the medical anthropological studies of trauma and healing in northern Uganda by broadening the understanding of the psychological after-effects of war in the former LRA abductees and the challenges they face in finding healing for their ailments in the post-war Acholiland.

However, the above-mentioned research – the present thesis included – is hopefully just the beginning of the anthropological investigation in the complexity and ambiguity of the experience of war trauma in Acholiland which, I believe, would benefit from further study, especially concerning the different healing practices. Meinert's ongoing research on trauma-related issues in northern Uganda will continue to offer interesting new

insights into the subject while Williams' forthcoming PhD dissertation will be a welcome addition to the study of trauma in the context of Pentecostal and Charismatic Christianity in Acholiland. In the present study, I have dedicated an equal amount of space for examining each of the three healing practices. Based on my findings, I invite more research especially in the intersections of distrust, psychological ailments, and medical healthcare in northern Uganda even though some scholars have voiced criticism on anthropologists focusing on biomedicine on the expense of vernacular healing practices (Scherz 2018). However, as already explained, I believe that the opposite is true in Acholiland, as the rituals have already received a wealth of attention on the expense of other practices in the study of trauma and psychological symptoms.

It is said that time heals all wounds. In many ways, this is true in the case of my research participants since the passing of time has distanced the memory of war from their minds. The invasive symptoms still remind of the time spent with the LRA, but in most cases, the symptoms have lost their immediacy and edge. All of those research participants I discussed with have been more or less able to retether their lives together, as they have started families and moved on – even participants like Akello whose symptoms still try to persistently pull her back to her past life despite her resistance. It is undisputed that the former LRA abductees' lives have taken a unique turn and they have lived through extraordinary experiences. However, as I have argued, their current lives are not separate from the dynamics of the post-war Acholi society, and most of the problems they face are shared by the wider community alike. It is also clear that it does not always take a rebel to suffer from the war-related symptoms (Williams & Meinert 2017), and furthermore, the experiences of the former LRA combatants are too diverse to reduce their experiences to that of the ultimate victims of war as has been too readily done in the past.

Therefore, even though I have argued that some of the fragilities in my research participants' relationships stem directly from their abduction, I believe that many of the uncertainties discussed in this thesis can also be applied to others who suffer from unexplained psychological ailments in Acholiland since the opacity of the heart and social tensions are not a privilege reserved only for former LRA combatants. For this reason, I propose that the best way to advance my research participants' reintegration is by treating them as full members of the Acholi society and finally lay the idea of the former LRA abductees as a homogenous group with clearly defined boundaries down to rest.

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Abbreviations

CAR	Central African Republic
CBT	Cognitive behavioural therapy
DRC	Democratic Republic of the Congo
GUSCO	Gulu Support the Children Organisation
IDP	Internally displaced person
ILA Uganda	I Live Again Uganda (NGO)
LRA	Lord's Resistance Army
NET	Narrative exposure therapy
NGO	Non-governmental organisation
NRA	National Resistance Army
PC/C	Pentecostal and Charismatic Christianity
PTSD	Post-traumatic stress disorder
TPO	Transcultural Psychological Organisation (NGO)
UNCST	Uganda National Council for Science and Technology
UPDF	Uganda People's Defence Force – armed forces of Uganda

Glossary

Ajiji	Acute fear; flashbacks – closest Acholi word for trauma
Ajwaka, pl. *ajwaki*	Local Acholi healer; diviner
Ajwani	Dirty things; 'those things' – cosmological pollution
Bed ki woro	Being in respect with the living and the dead
Bedo ki cwiny matek	Staying strong (in the face of adversity)
Boda boda	Motorcycle taxi
Cen, pl. *cen*	Roaming spirits of the dead; vengeance ghosts
Chola	A feeling of deep sorrow
Gwoko gin moni icwiny	Keeping something in one's heart
Jok, pl. *jogi*	Ancestral or free spirits in Acholi cosmology
Jogi maber/marac	Good/bad spirits (cf. *tipu maber/marac*)
Jogi satani	Satan/Satans (cf. *satani*)
Kaka	Patriclan
Kit mapore	Good existence – proper way of coexisting with others
Kwero merok	'Cleansing someone who has killed in war' ritual
Ladit	Respectful term for an older person; an elder (cf. *mzee*)
Laping	A roaming spirit causing bad luck (cf. *cen*)
Lubanga	God (Protestant)
Lum	The 'bush' – non-domesticated area; foreign territory
Lwoko pik wang	'Washing away the tears' ritual
Lwongo tipu	'Calling the soul' ritual
Malaika	Angels
Matatu	Minibus share taxi
Muno, pl. *muni*	Foreigner; European; Westerner – a white person
Mzee	Respectful term for an older person; an elder (cf. *ladit*)
Nyono tong gweno	'Stepping on the egg' ritual
Olum olum	People of the bush (a derogatory term for the LRA rebels)
Piny maber/marac	Good/bad surroundings
Rubanga	God (Catholic)
Satani	Satan/satans (cf. *jogi satani*)
Tipu maleng	The Trinity; 'clean spirits'
Tipu maber/marac	Good/bad spirits (cf. *jogi maber/marac*)
Yubu kom	'Body repair' or 'cleansing of the body' ritual

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